Case 17-01123 Doc 1 Filed 01/13/17 Entered 01/13/17 22:23:26 Desc Main Document Page 1 of 60

Fill in this information to identify your case:	
United States Bankruptcy Court for the: Northern District Of Illinois	_
Case number (if known):	Chapter you are filing under: ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☑ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Jason First name D. Middle name	Krista First name D. Middle name
	Bring your picture identification to your meeting with the trustee.	Smith Last name	Smith Last name
		Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	First name	Krista First name D.
	Include your married or maiden names.	Middle name	Middle name Hofmann
		Last name	Last name
		First name	First name
		Middle name	Middle name
***************************************		Last name	Last name
		The second secon	
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number	xxx - xx - <u>7</u> <u>3</u> <u>0</u> <u>3</u> or 9 xx - xx	xxx - xx - 9 0 1 9 OR 9 xx - xx
accessions.	(ITIN)		

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Debtor 1 Jason D

Jason D. Sm	ith		Case number (if known)	
First Name	Middle Name	Last Name		

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in	☐ I have not used any business names or EINs.	☑ I have not used any business names or EINs.
	the last 8 years	Business name	Business name
	Include trade names and doing business as names	Business name	Business name
		EIN	EIN
		EIN	EIN
5.	Where you live		If Debtor 2 lives at a different address:
		601 Davidson Dr., Apt. A Number Street	Number Street
		Minooka IL 60447 City State ZIP Code	City State ZIP Code
		GRUNDY County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number Street	Number Street
		P.O. Box	P.O. Box
		City State ZIP Code	City State ZIP Code
6.	Why you are choosing this district to file for	Check one: Solver the last 180 days before filing this petition,	Check one: Over the last 180 days before filing this petition,
	bankruptcy	I have lived in this district longer than in any other district.	I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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btor 1 Jason D. Smith	La	st Name			Case number (if known)
	Vous Borr	trunte:	v Case			
rt 2: Tell the Court About				see Motice	Required by 11 U	S.C. § 342(b) for Individuals Filing
The chapter of the Bankruptcy Code you	for Bankru	tcy (For	n B2010)). Also, go to ti	ne top of pa	ge 1 and check the	e appropriate box.
are choosing to file under	☐ Chapte	er 7				
undo	☐ Chapte	er 11				
	☐ Chapte	er 12				
	☑ Chapte	er 13		SNATURE CONTRACTOR	Control of the second of the s	
How you will pay the fee	local of yourse submit with a	court for elf, you r tting you pre-prir	more details about he may pay with cash, caur payment on your be need address.	ow you ma ashier's ch ehalf, your	eck, or money or attorney may page choose this opti	ck with the clerk's office in your , if you are paying the fee order. If your attorney is ay with a credit card or check ion, sign and attach the ints (Official Form 103A).
	I requ	est that v, a judg han 150	t my fee be waived (ge may, but is not req	You may luired to, writy line that	request this option vaive your fee, a tapplies to your soption, you mu	on only if you are filing for Chapter 7. nd may do so only if your income is family size and you are unable to ust fill out the <i>Application to Have the</i>
Have you filed for	⊠ No					
bankruptcy within the last 8 years?	🗆 Yes.	District _		When	MM / DD / YYYY	Case number
		District _		When		Case number
		District _		When	MM / DD / YYYY	Case number
o. Are any bankruptcy	⊠ No					
cases pending or being		Debtor				_ Relationship to you
filed by a spouse who is not filing this case with you, or by a business partner, or by an				When		Case number, if known
affiliate?		Debtor				Relationship to you
		District		When		Case number, if known
					MM / DD / YYYY	
11. Do you rent your residence?	☐ No. ☑ Yes.	Go to li Has yo residen	ur landlord obtained an	eviction jud	gment against you	ı and do you want to stay in your
		🗵 No.	Go to line 12.			at A wainst Voy (Form 404A) and file it with
						nt Against You (Form 101A) and file it with

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Dehtor 1 Jason D. Smith	Case number (if known)
ebtor 1 Jason D. Smith First Name Middle Name	Last Name
Part 3: Report About Any Bu	ısinesses You Own as a Sole Proprietor
	Why Code Bord 4
12. Are you a sole proprietor of any full- or part-time	☑ No. Go to Part 4.
business?	Yes. Name and location of business
A sole proprietorship is a business you operate as an	Name of business, if any
individual, and is not a separate legal entity such as	(Addition of Section 2)
a corporation, partnership, or	Number Street
LLC. If you have more than one	
sole proprietorship, use a separate sheet and attach it	
to this petition.	City State ZIP Code
	The same business:
	Check the appropriate box to describe your business:
	☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
	Single Asset Real Estate (as defined in 11 U.S.C. § 101(53A))
	Commodity Broker (as defined in 11 U.S.C. § 101(6))
	□ None of the above
13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
debtor?	☑ No. I am not filing under Chapter 11.
For a definition of small business debtor, see 11 U.S.C. § 101(51D).	□ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.
	☐ Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.
	or Have Any Hazardous Property or Any Property That Needs Immediate Attention
Part 4: Report if You Own	or Have Any Hazardous Property or Any Property That Notes and Property of Any Property That Notes and
and an house and	Пода
14. Do you own or have any property that poses or is	☑ No □ Yes. What is the hazard?
alleged to pose a threat of imminent and	Tyes. What is the hazard:
identifiable hazard to	
public health or safety? Or do you own any	
property that needs immediate attention?	If immediate attention is needed, why is it needed?
For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?	
	Where is the property?Street
	City State ZIP Code
	City

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Deb	otor 1 Jason D. Smith	ne Last Name	Cas	e number (if known)		
Pa			ing About Credit Counseling			
	Tell the court whether	About Debtor 1:		About Debtor 2 (Spo	use Only in a Joint Case):	
	you have received briefing about credit	You must check one:		You must check one:		
	counseling. The law requires that you receive a briefing about credit	counseling agen	ng from an approved credit cy within the 180 days before I otcy petition, and I received a spletion.	counseling agend filed this bankrup certificate of com		,
	counseling before you file for bankruptcy. You must	Attach a copy of th	ne certificate and the payment out developed with the agency.	Attach a copy of the plan, if any, that yo	ne certificate and the payment ou developed with the agency.	ı, t
	truthfully check one of the following choices. If you cannot do so, you are not eligible to file.	☐ I received a brief	ing from an approved credit cy within the 180 days before l ptcy petition, but I do not have a	counseling agen	ing from an approved credit cy within the 180 days before l otcy petition, but I do not have a apletion.	
	If you file anyway, the court can dismiss your case, you will lose whatever filing fee	e anyway, the court miss your case, you whatever filling fee Within 14 days after you file this bankruptcy you MUST file a copy of the certificate and plan. If any.		Within 14 days aft you MUST file a c plan, if any.	er you file this bankruptcy petition, opy of the certificate and payment	The section of the se
	you paid, and your creditors can begin collection activities again.	services from an unable to obtain days after I made	ked for credit counseling approved agency, but was those services during the 7 e my request, and exigent nerit a 30-day temporary waiver int.	services from an unable to obtain days after I made	ed for credit counseling approved agency, but was those services during the 7 may request, and exigent merit a 30-day temporary waiver int.	
		To ask for a 30-di requirement, attar what efforts you r	ay temporary waiver of the ch a separate sheet explaining nade to obtain the briefing, why to obtain it before you filed for what exigent circumstances	requirement, attac what efforts you n you were unable t bankruptcy, and v required you to fil		
		dissatisfied with y briefing before yo If the court is sati still receive a brie You must file a c	e dismissed if the court is your reasons for not receiving a ou filed for bankruptcy. sfied with your reasons, you must sfing within 30 days after you file. ertificate from the approved th a copy of the payment plan you . If you do not do so, your case d.	dissatisfied with y briefing before yo If the court is sati- still receive a brie You must file a co agency, along wit developed, if any may be dismisse		
Part Andrews of the Land Andrews of the Control of		Any extension of	the 30-day deadline is granted and is limited to a maximum of 15	Any extension of only for cause an days.	the 30-day deadline is granted id is limited to a maximum of 15	
		I am not require credit counseling	d to receive a briefing about ng because of:	I am not require credit counselir	d to receive a briefing about ng because of:	
A AND A COLUMN TO THE ADDRESS OF THE		☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	☐ Incapacity.	I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.	
er om mande det de marte e de la Martin de Mar		☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	☐ Disability.	My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.	
		Active duty.	I am currently on active military duty in a military combat zone.	☐ Active duty.	I am currently on active military duty in a military combat zone.	

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for walver of credit counseling with the court.

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art 6: Answer These Que	stions for Reporting Purpose	es	
. What kind of debts do	16a. Are your debts primari as "incurred by an individua	ly consumer debts? Consumer debts I primarily for a personal, family, or housel	are defined in 11 U.S.C. § 101(8) nold purpose."
you have?	No. Go to line 16b.Yes. Go to line 17.		
	16b. Are your debts primari money for a business or inv	lly business debts? Business debts ar restment or through the operation of the bu	e debts that you incurred to obtain usiness or investment.
	☐ No. Go to line 16c. ☐ Yes. Go to line 17.		
	16c. State the type of debts you	owe that are not consumer debts or busir	ness debts.
7. Are you filing under Chapter 7?	☑ No. I am not filing under Ch		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	administrative expense	er 7. Do you estimate that after any exempes es are paid that funds will be available to d	ot property is excluded and istribute to unsecured creditors?
8. How many creditors do	1-49	1,000-5,000 5,001-10,000	25,001-50,000 D 50,001-100,000
you estimate that you owe?	□ 50-99 □ 100-199 □ 200-999	10,001-25,000	☐ More than 100,000
9. How much do you	3 \$0-\$50,000	\$1,000,001-\$10 million \$10,000,001-\$50 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion
estimate your assets to be worth?	\$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$50,000,001-\$50 million \$100,000,001-\$500 million	☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
20. How much do you estimate your liabilities to be?		\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
	☐ \$500,001-\$1 million	□ \$100,000,001-\$500 million	☐ More than \$50 billion
Part 7: Sign Below For you	I have examined this petition, a correct.	and I declare under penalty of perjury that	the information provided is true and
,	If I have chosen to file under Confittle 11, United States Code under Chapter 7.	chapter 7, I am aware that I may proceed, . I understand the relief available under ea	icit chapter, and i choose to process
	this document, I have obtained	nd I did not pay or agree to pay someone d and read the notice required by 11 U.S.C	J. 8 342(b).
	I request relief in accordance	with the chapter of title 11, United States 0	Code, specified in this petition.
	I understand making a false st with a bankruptcy case can re 18 U.S.C. §§ 152, 1341, 1519	sult in tines up to \$250,000, or imprisoring	g money or property by fraud in connection ent for up to 20 years, or both
	s/Jason D. Smith Signature of Debtor 4		D. Smith , J
	Executed on 01/11/2017 MM / DD		ed on 01/11/2017 MM / DD / YYYY

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otor 1 Jason D. Smith		Case number (if known)	
First Name Middle Na	me Last Name		
or your attorney, if you are epresented by one you are not represented y an attorney, you do not eed to file this page.	I, the attorney for the debtor(s) named in this to proceed under Chapter 7, 11, 12, or 13 of t available under each chapter for which the pe the notice required by 11 U.S.C. § 342(b) and knowledge after an inquiry that the informatio	rison is eligible. I also certify the	at I have delivered to the debtor(s) (D) applies, certify that I have no
	S/James M. Durkee Signature of Attorney for Debtor		MM / DD /YYYY
	Printed name Malmquist and Geiger, LLC Firm name 415 Liberty St. Number Street		
		IL	60450
	Morris City	State	ZIP Code
	Contact phone <u>(815)</u> 942-5072	Email address	jimdurkee@mglawoffices.com
	6296297	IL	
	Bar number	State	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		

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Fill in this	information to i	dentify your case and	this filing:
Debtor 1 Debtor 2 (Spouse, if filin		D. Middle Name D. Middle Name Middle Name t for the: Northern Dis	Smith Smith Last Name Strict of Illinois
Case numbe	er		

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

	, Land, or Other Real Estate You Own or Hav		
Do you own or have any legal or equitable interest	est in any residence, building, land, or similar prope	erty?	900
☑ No. Go to Part 2.☐ Yes. Where is the property?	What is the property? Check all that apply. Single-family home	Do not deduct secured claithe amount of any secured Creditors Who Have Clain.	l claims on Schedule D:
1.1. Street address, if available, or other description	□ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land	Current value of the entire property?	
City State ZIP Code	☐ Investment property ☐ Timeshare ☐ Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
County	Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co	mmunity property
If you own or have more than one, list here:	Other information you wish to add about this is property identification number:	Do not deduct secured clithe amount of any secure Creditors Who Have Clair	d claims on Schedule D: ms Secured by Property.
1.2. Street address, if available, or other description	□ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land	Current value of the entire property?	Current value of the portion you own?
City State ZIP Cod	U Other	Describe the nature interest (such as fee the entireties, or a life	simple, tenancy by
County	Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Check if this is c (see instructions)	ommunity property
	Other information you wish to add about this it property identification number:	em, such as local	

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btor 1	Jason D	dde Name	Smith Last Name	Case number (# kn	nown)	. ,
1.3.	Street address, if availa	bie, or other de	escription	What is the property? Check all that apply. Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property	Do not deduct secured cla the amount of any securec Creditors Who Have Clain Current value of the entire property? \$	claims on Schedule D: s Secured by Property. Current value of th portion you own? \$
	City	State	ZIP Code	☐ Timeshare ☐ Other	Describe the nature of interest (such as feet the entireties, or a life	simple, tenancy by
	County			Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this ite property identification number:	☐ Check if this is co (see instructions) em, such as local	mmunity property
Add t you h	he dollar value of th lave attached for Pa	e portion yo rt 1. Write th	u own for a nat number	Il of your entries from Part 1, including any entries here.	s for pages	\$
rt 2:	Describe You	legal or equi	itable intere	est in any vehicles, whether they are registered or	not? Include any vehicle	S
you own	own, lease, or have that someone else di vans, trucks, tracto	legal or equi	Itable intere	le, also report it on Schedule G: Executory Contracts	not? Include any vehicle and Unexpired Leases.	S
you ou own Cars,	own, lease, or have that someone else di vans, trucks, tracto o es	legal or equi	Itable intere	le, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one. Debtor 1 only	and Unexpired Leases. Do not deduct secured clithe amount of any secure Creditors Who Have Clai.	aims or exemptions. P d claims on Schedule ms Secured by Proper
o you du own Cars, UN N	own, lease, or have that someone else di vans, trucks, tracto o es Make:	legal or equivives. If you lead to some sport utiling the second	Itable intere	le, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one.	and Unexpired Leases. Do not deduct secured clause amount of any secure	aims or exemptions. P d claims on <i>Schedule</i> ms Secured by Proper
o you du own Cars, UN N	own, lease, or have that someone else di vans, trucks, tracto to es Make: Model: Year:	legal or equivives. If you lead to some sport utiling the second	Itable intere	le, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured clithe amount of any secure Creditors Who Have Clair	aims or exemptions. P d claims on Schedule ms Secured by Proper Current value of
u own Cars, N X Y 3.1.	own, lease, or have that someone else di vans, trucks, tracto es Make: Model: Year: Approximate mileag	Ford F150 2001	itable intere	le, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one. □ Debtor 1 only	Do not deduct secured che amount of any secure Creditors Who Have Clai. Current value of the entire property? \$ 2,500.00 Do not deduct secured che amount of any secure Creditors Who Have Clai.	aims or exemptions. P d claims on Schedule ms Secured by Proper Current value of portion you own \$ 2,500.00 aims or exemptions. P ad claims on Schedule ms Secured by Proper
u own Cars, N Y 3.1.	own, lease, or have that someone else di vans, trucks, tracto lo les Make: Model: Year: Approximate mileago Other information: I own or have more the Make:	Ford F150 2001 ge:	itable intere	le, also report it on Schedule G: Executory Contracts s, motorcycles Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this is community property (see instructions) Who has an interest in the property? Check one.	Do not deduct secured clinte amount of any secure Creditors Who Have Clai. Current value of the entire property? \$ 2,500.00	aims or exemptions. Pid claims on Schedule ms Secured by Proper Current value of portion you own \$ 2,500.00

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M Y A	First Name Middle Name Wake: Model: Year: Approximate mileage:	Last Name			
M Y A	Model: Year: Approximate mileage:		A	the statement of the comment of the statement of the stat	
M Y A	Model: Year: Approximate mileage:		AND A CONTRACTOR OF THE STATE O		
Y A	Year: Approximate mileage:		Who has an interest in the property? Check one.	Do not deduct secured cla the amount of any secured	
A	Approximate mileage:		Debtor 1 only	Creditors Who Have Clain	ns Secured by Property.
A	Approximate mileage:		Debtor 2 only	Current value of the	
			☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	entire property?	portion you own?
	Otto ou information:		At least one of the debtors and another		
L_	Other information:		☐ Check if this is community property (see	\$	\$
ν			instructions)		
3.4. N	Make:		Who has an interest in the property? Check one.	Do not deduct secured cla	
	Model:		Debtor 1 only	the amount of any secured Creditors Who Have Clain	
			Debtor 2 only	Current value of the	
	Year:		Debtor 1 and Debtor 2 only	entire property?	portion you own?
A	Approximate mileage:		At least one of the debtors and another		
(Other information:			\$	\$
			Check if this is community property (see instructions)		,
L			,		
Waterc	craft, aircraft, motor home	s, ATVs and othe	r recreational vehicles, other vehicles, and acces	sories	
			ft, fishing vessels, snowmobiles, motorcycle accesso		
⊠ No					
☐ Yes	s				
			Who has an interest in the property? Check one.	Do not do dont an arrand ale	sime or avamptions. But
4.1.	Make:			Do not deduct secured cla the amount of any secure	d claims on Schedule D:
M	Model:		Debtor 1 only Debtor 2 only	Creditors Who Have Clair	ns Secured by Property.
`	Year:		Debtor 1 and Debtor 2 only		Current value of the
(Other information:		At least one of the debtors and another	Current value of the entire property?	portion you own?
			The state of the design and an amount		•
		*****	☐ Check if this is community property (see	\$	\$
		erere this	instructions)	·	
Ĺ					
lf vou c	own or have more than one	, list here:			
,	Maker		Who has an interest in the property? Check one.	Do not deduct secured cla	aims or exemptions. Put
· .	Make:		Debtor 1 only	the amount of any secure Creditors Who Have Clair	d claims on Schedule D
4.2. N	Model:		Debtor 2 only		
4.2. N	Model:		Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of to portion you own?
4.2. N	Year:		☐ At least one of the debtors and another	ourie broberti:	Portion Jon Own:
4.2. P					
4.2. P	Year:			¢	\$
4.2. P	Year:		Check if this is community property (see	\$	\$
4.2. P	Year:		☐ Check if this is community property (see instructions)	\$	\$
4.2. P	Year:			\$	\$
4.2. P	Year:			\$	\$
4.2.	Year: Other information:		instructions)	\$	\$
4.2.	Year: Other information:	ion you own for a		s for pages	\$ \$ 2,500.00

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Debtor 1	Jason	D	Smith	Case number (if known)
poblo. I	First Name	Middle Name	Last Name	

		gal or equitable interest in any of the following items?	Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	Household goods and fe	urnishings	
	Examples: Major appliance	ces, furniture, linens, china, kitchenware	
	☐ No ☑ Yes. Describe	PERSONAL HOUSEHOLD GOODS FOR A FAMILY OF 2 (INCLUDES BUT NOT LIMITED TO FURNITURE, BEDS, ELECTRONICS, APPLIANCES); PERSONAL BOOKS AND PICTURES	\$ <u>3,500.00</u>
7.	collections; el	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music ectronic devices including cell phones, cameras, media players, games	
	No Yes. Describe		\$
8,	Collectibles of value Examples: Antiques and stamp, coin, c	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles	7
	Yes. Describe		\$
9.	and kayaks;	nd hobbies ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments	
	No Yes. Describe		\$
10	Examples: Pistols, rifles. No Yes. Describe	shotguns, ammunition, and related equipment	\$
1	1. Clothes	thes, furs, leather coats, designer wear, shoes, accessories	
	☐ No ☐ Yes. Describe	PERSONAL CLOTHING FOR A FAMILY OF 2	\$ <u>500.00</u>
1	2. Jewelry Examples: Everyday jev gold, silver	welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,	
	No Yes, Describe	WEDDINGS BANDS	\$ <u>1,000.00</u>
1	3. Non-farm animals Examples: Dogs, cats,	birds, horses	
	No Yes. Describe		\$
1	4. Any other personal ar	nd household items you did not already list, including any health aids you did not list	
And the same age of the same a	No Yes. Give specific information		\$
THE PARTY OF THE P	ss. Add the dollar value o	of all of your entries from Part 3, including any entries for pages you have attached humber here	\$5,000.00
	ior Paula, Wille Bill I	IUIIIDVI RVIV	

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Debtor 1

Jason	D	Smith	
Inst Alama	Middle Name	Last Name	

Case number (if known)

Do you own or have any	Current value of the portion you own? Do not deduct secured claims or exemptions.		
16. Cash <i>Examples:</i> Money you	have in your wallet, in your hom	ne, in a safe deposit box, and on hand when you file your petition	
☐ No			
X Yes		Cash:	\$300.00
and other s	avings, or other financial accou imilar institutions. If you have m	ints; certificates of deposit; shares in credit unions, brokerage houses, ultiple accounts with the same institution, list each.	
☐ No ☑ Yes		Institution name:	
	17.1. Checking account:	TCF	\$543.00
	17.2. Checking account:		\$
	17,3. Savings account:		\$
	17.4. Savings account:		\$
	17.5. Certificates of deposit:		\$
	17.6. Other financial account:		\$
	17.7. Other financial account:		\$
	17.8. Other financial account:		\$
	17.9. Other financial account:		\$
•	or publicly traded stocks investment accounts with brok Institution or issuer name:	erage firms, money market accounts	
			. \$
			. \$
			\$
19. Non-publicly traded s an LLC, partnership,		rated and unincorporated businesses, including an interest in	
		rated and unincorporated businesses, including an interest in % of ownership:	
an LLC, partnership, ☑ No ☑ Yes. Give specific	and joint venture Name of entity:		\$
an LLC, partnership,	and joint venture Name of entity:	% of ownership:	\$ \$

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ebtor 1	Jason	D.	Smith	Case number (if known)	
ibioi 1	First Name	Middle Name	Last Name		
			Language and the language and the	n-nagotiahla instruments	
	r - 4 4	walled a paraopal abo	acke cashiers' checks	n-negotiable instruments promissory notes, and money orders.	
Negotial Non-neg	ole instruments i iotiable instrume	ents are those you c	annot transfer to some	one by signing or delivering them.	
⊠ No					
	Give specific mation about	Issuer name:			\$
	l				 -
					\$ \$
Retirem Example	ent or pension es: Interests in I	ı accounts RA, ERISA, Keogh,	401(k), 403(b), thrift sa	vings accounts, or other pension or profit-sharing plans	
⊠ No					
☐ Yes	. List each ount separately.	. Type of account:	Institution name:		
400	ount oop an analy		m·		\$
		401(k) or similar pla			\$
		Pension plan:			•
		IRA:			φ
		Retirement account			\$
		Keogh:	<u>,</u>		\$
		Additional account:			\$
		Additional account:			\$
		, controller			
Your si Examp	les: Agreement nies, or others	ad donneite vou havi	e made so that you may paid rent, public utilities	y continue service or use from a company s (electric, gas, water), telecommunications	
☐ Ye	s		Institution name or indiv	ridual:	
		Electric:			\$
		Gas:			\$
		Heating oil:			\$
		Security deposit or	n rental unit:		\$
		Prepaid rent:			\$
		Telephone:			\$
		Water.			\$
		Rented furniture:			\$
		Other:			\$
3, Annu i	ities (A contract	for a periodic paym	ent of money to you, ei	ther for life or for a number of years)	
⊠ N					
_	es	Issuer name and	I description:		
					\$
					\$
					\$

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24. Interests in an education IRA, in an acc		
·	ount in a qualified ABLE program, or under a qualified state tuition pr	ogram.
26 U.S.C. §§ 530(b)(1), 529A(b), and 529		
☑ No		
		0.504(-):
Institution	name and description. Separately file the records of any interests.11 U.S.C	. 9 52 I(C):
		. \$
		\$
		Ψ
		\$
		777720
25. Trusts, equitable or future interests in pereceptation exercisable for your benefit	property (other than anything listed in line 1), and rights or powers	
⊠ No		***************************************
☐ Yes. Give specific	WWW.	
information about them		\$
Lance Associate and associate		
26. Patents, copyrights, trademarks, trade		1.00
Examples: Internet domain names, websit	es, proceeds from royalties and licensing agreements	
☑ No		
☐ Yes. Give specific		
information about them		\$
Lamber Control of the		AMAH MUNICIPAL TO P. P. C.
27. Licenses, franchises, and other genera	l intangibles	
Examples: Building permits, exclusive lice	nses, cooperative association holdings, liquor licenses, professional license	es
☑ No		No.
☐ Yes. Give specific		
information about them		\$
Money or property owed to you?		Current value of the
, , , , ,		portion you own?
		Do not deduct secured claims or exemptions.
28. Tax refunds owed to you		
ĭ No		
☑ No☑ Yes. Give specific information	Federal:	\$
☒ No☐ Yes, Give specific information about them, including whether	Federal:	\$ \$
☑ No☑ Yes. Give specific information	State:	
 ☒ No ☐ Yes, Give specific information about them, including whether you already filed the returns 		\$ \$ \$
 ☒ No ☐ Yes. Give specific information about them, including whether you already filed the returns 	State:	
No Yes. Give specific information about them, including whether you already filed the returns and the tax years	State: Local:	\$
No Yes. Give specific information about them, including whether you already filed the returns and the tax years	State:	\$
No Yes. Give specific information about them, including whether you already filed the returns and the tax years	State: Local:	\$
 ☒ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony 	State: Local: , spousal support, child support, maintenance, divorce settlement, property	\$
No Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony No	State: Local: , spousal support, child support, maintenance, divorce settlement, property	\$settlement
No Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony No	State: Local: , spousal support, child support, maintenance, divorce settlement, property	\$settlement \$
No Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony No	State: Local: , spousal support, child support, maintenance, divorce settlement, property Alimony:	\$s
No Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony No	State: Local: , spousal support, child support, maintenance, divorce settlement, property Alimony: Maintenance:	\$settlement \$sssss
No Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony No	State: Local: , spousal support, child support, maintenance, divorce settlement, property Alimony: Maintenance: Support:	\$settlement \$s \$s ment: \$s
No Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony No Yes. Give specific information	State: Local: Alimony: Maintenance: Support: Divorce settle	\$settlement \$s
 ☒ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony ☒ No ☐ Yes. Give specific information 30. Other amounts someone owes you 	State: Local: Alimony: Maintenance: Support: Divorce settle Property settle	settlement \$ \$ s \$ ment: \$ ement: \$
□ Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony □ Yes. Give specific information	State: Local: Alimony: Maintenance: Support: Divorce settle Property settle ance payments, disability benefits, sick pay, vacation pay, workers' compe	settlement \$ \$ s \$ ment: \$ ement: \$
 ☒ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony ☒ No ☐ Yes. Give specific information. 30. Other amounts someone owes you Examples: Unpaid wages, disability insura Social Security benefits; unpaid 	State: Local: Alimony: Maintenance: Support: Divorce settle Property settle	settlement \$ \$ s \$ ment: \$ ement: \$
No Yes. Give specific information about them, including whether you already filed the returns and the tax years. Pamily support Examples: Past due or lump sum alimony No Yes. Give specific information. 30. Other amounts someone owes you Examples: Unpaid wages, disability insure Social Security benefits; unpa No	State: Local: Alimony: Maintenance: Support: Divorce settle Property settle ance payments, disability benefits, sick pay, vacation pay, workers' competid loans you made to someone else	settlement \$s ment: \$s ement: \$s
 ☒ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years. 29. Family support Examples: Past due or lump sum alimony ☒ No ☐ Yes. Give specific information 30. Other amounts someone owes you Examples: Unpaid wages, disability insura Social Security benefits; unpaid 	State: Local: Alimony: Maintenance: Support: Divorce settle Property settle ance payments, disability benefits, sick pay, vacation pay, workers' competid loans you made to someone else	settlement \$s ment: \$s ement: \$s

Debtor 1

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Debtor 1	Jason First Name	D. Middle Name	Smith Last Name	Case number (if known)	
	and the second s	ganage ann an sgoronddolol (1500 ganaana 1500 1500 1500 1500 1500 1500 1500 150	employment of the second of th	and the state of t	
31. Interests	in insurance	policies	oor hoalth eavings acr	count (HSA); credit, homeowner's, or renter's insurance	ELITORANA
Examples No	s: Health, disa	omty, or me insurai	ice, fleatti saviligs act	South (1677), Gleak, Horneswiter e, or tenter e management	ne vej veš iz-av
Yes. i		rance company and list its value	Company name:	Beneficiary:	Surrender or refund value:
`	or each policy	and not no random			\$
					\$
					\$
If you are	the beneficia	rty that is due you ry of a living trust, e eone has died.	from someone who expect proceeds from	has died a life insurance policy, or are currently entitled to receive	4
	Give specific i	nformation			
					\$
33, Claims a Example	gainst third ps: Accidents, e	parties, whether o employment dispute	r not you have filed a es, insurance claims, o	a lawsult or made a demand for payment or rights to sue	A COURT OF THE COU
	Describe each	n claim			s
					J •
34. Other co to set of No	ntingent and if claims	unliquidated clai	ns of every nature, i	ncluding counterclaims of the debtor and rights	THE PARTY OF THE P
Yes.	Describe eacl	n claim			\$
					and (
		#1	l. 15-4		conserve on a server
-	ncial assets	you did not alread	y list		
⊠ No □ Yes.	Give specific	information			\$
					•
36. Add the	dollar value	of all of your entri	es from Part 4, inclu	ding any entries for pages you have attached	\$ 843.00
for Part	4. Write that	number here		→	\$040.00
				. V O Have an interest in list any r	al octato in Part 1.
Part 5:	Describe	Any Business	-Related Proper	ty You Own or Have an Interest In. List any r	car estate in a art ii
37. Do you	own or have	any legal or equita	able interest in any b	usiness-related property?	
	Go to Part 6.				
🔲 Yes.	. Go to line 38				Current value of the
					portion you own?
					Do not deduct secured claims or exemptions.
	4a maaali1-7-	ar commissions	vou already carned		
38. Accoun	is receivable	or commissions	you already earned		
1	, Describe				0
			A STATE OF THE STA		
Example	equipment, fu s: Business-rela	rnishings, and su ted computers, softwa	pplies are, modems, printers, co	piers, fax machines, rugs, telephones, desks, chairs, electronic devices	
⊠ No	, Describe				\$
La res	., പ്രദേശിയ				

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Debtor 1	Jason	D	Smith	Case number (if known)	
DODIOI 1	First Name	Middle Name	Last Name		
			p to foreigness	ed tools of your trade	
	ry, fixtures, e		pplies you use in business, an		
⊠ No	ſ				
☐ Yes.	Describe)
	Ī			A POLICE AND A POL	
41. Invento	ry				
⊠ No	-		A Maria		8
☐ Yes.	. Describe				
6.000 0.00 c e anoma					200
42. interest	s in partnersi	hips or joint v	entures		
⊠ No				% of ownership:	
⊔ Yes	. Describe	Name of entire			\$
a announcement of the					\$
					\$
AA STREET AN				%	TP 10 management
43, Custon	ner lists, maili	ing lists, or ot	her compilations), II
XI No				- (se defined in 11 H.C.C. & 101//11 \)2	
☐ Yes		s include pers		n (as defined in 11 U.S.C. § 101(41A))?	2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
A VALUE AND A VALU	⊠ No				
and a management	Yes. Des	scribe			\$
**************************************					a significant was
		d property yo	u did not already list		report with the
⊠ No	s. Give specifi	•			\$
	s. Give special				\$
					-
					\$
account of					\$
TE S CO					\$
Constant A - Pro					\$
		a of all of you	r entries from Part 5, including	g any entries for pages you have attached	\$ 0.00
45. Add th	ie dollar valu rt 5. Write tha	e of all of you it number her	•	→	
				or the same of	Andrew Victoria Control Contro
Part 6:	Describe	Any Farm- a	and Commercial Fishing-Re	elated Property You Own or Have an Interest II	1.
	If you own	or have an in	terest in farmland, list it in Par	It I.	
40 Days	u own or have	e any legal or	equitable interest in any farm-	or commercial fishing-related property?	
	o. Go to Part 7		=		
	es. Go to line 4				O
					Current value of the portion you own?
www.mandiditivit					Do not deduct secured claims
. Yegun and a second a second and a second a					or exemptions.
47. Farm		k, poultry, farm	-raised fish		
1		r, poulty, taili	TOOGG HOTE		
⊠ N □ Y	o es			3077	
— 1	~ ~ ·····				\$
		1			

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Debtor 1	Jason	D. Middle Name	Smith Last Name	Case number (# known)
	First Name	Мюсе наше	rast Mante	
48. Crops— 6	either growing	or harvested		
⊠ No	0 15		MINORAL P	
☐ Yes. Inform	Give specific nation			\$
	d fishing equi		ents, machinery, fixture	
⊠ No □ Yes	***************************************		ABOVE A MARKET AND THE STREET AND TH	
				\$
50, Farm and	d fishing sup	olies, chemical	s, and feed	
⊠ No	2	CONCORDING	LCCV-CI-	
☐ Yes				\$
61 Any farm	and comme	rcial fishing-re	elated property you did	not already list
🗵 No				
☐ Yes. inforr	Give specific mation			\$
52 Add the	dollar value	of all of your er	ntries from Part 6, inclu	uding any entries for pages you have attached
for Part	6. Write that	number here		→
			Wheelestern St. Co. Co. St. Williams Annua annual Control St. St. Co.	
Part 7:	Describe /	All Property	You Own or Have	e an Interest in That You Did Not List Above
53, Do you	have other pr	operty of any k	kind you did not already	y list?
Examples	: Season tickets	country club mer	nbership	
☑ No ☐ Yes.	Give specific			\$
	mation			\$
AND			1) de de la companya (1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	\$
54. Add the	dollar value	of all of your er	ıtries from Part 7. Write	e that number here
	r o southeadage de a committe stategar tip com travar o com			
Part 8:	List the T	otals of Eac	ch Part of this For	rm
and the same of th				→ \$0.00
55. Part 1: 1	rotal real esta	te, line 2		
56. Part 2: 1	Fotal vehicles	, line 5		\$ <u>2,500.00</u>
57. Part 3: 1	Total persona	and househo	ld items, line 15	\$ <u>5,000.00</u>
58. Part 4: 7	Fotal financia	assets, line 36	3	<u>\$843.00</u>
59, Part 5: 1	Total busines	s-related prope	erty, line 45	\$ <u>0.00</u>
60. Part 6: 1	Total farm- an	d fishing-relate	ed property, line 52	<u>\$0.00</u>
di di managan di manag		operty not liste		+\$0.00
				appearance and the second seco
62. Total pe	ersonal prope	rty. Add lines 5	6 through 61	\$5,575.00 Copy personal property total \$7.57,575.00
namena o commo a commo				\$8,343.00
63. Total of	all property	on Schedule A	B. Add line 55 + line 62.	\$8,343.00

ill in this i	nformation to ic	lentify your case:		
D-14-44	Jason	D.	Smith	
Debtor 1	First Name	Middle Name	Last Name	
Debtor 2	Krista	D.	Smith	
Deplor z (Spouse, if filing		Middle Name	Last Name	
United States Case numbe		_{for the:} Northern Dis	trict of Illinois	-

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

You are cla	aiming state and federal nonbanl aiming federal exemptions. 11 U	.S.C. § 522(b)(2)		
For any prope	erty you list on Schedule A/B t	hat you claim as exem	pt, fill in the information below.	
Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
00//044//		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief	2001 Ford F150 with	<u>\$</u> 2,500.00	□ s	735 ILCS 5/12-1001(c)
description:	2001 F010 F150 Will1	\$ 2,500.00	. □ \$ ☑ 100% of fair market value, up to	
Line from Schedule A/E	; <u>3.1</u>		any applicable statutory limit	
Brief	Cash	\$ 300.00	× \$	735 ILCS 5/12-1001(b)
description:	Casii	\$ 300.00	100% of fair market value, up to	
Line from Schedule A/E	<u>16 </u>		any applicable statutory limit	The second secon
Brief	See Attachment 1	\$ 543.00	⊠ \$ 543.00	735 ILCS 5/12-1001(b)
description:		Ψ	100% of fair market value, up to	
Line from Schedule A/L	3: 17.1		any applicable statutory limit	

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Debtor 1

Jason D	. Smith		Case number (if known)	
Firet Mama	Middle Name	Last Name		

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property current value of the portion you own			Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption	
Brief description:	See Attachment 2	\$ 3,000.00	X \$ 3,000.00	735 ILCS 5/12-1001(b)
ine from Schedule A/B:	6		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:	WEDDINGS BANDS	\$ <u>1,000.00</u>	⋈ \$ 1,000.00	735 ILCS 5/12-1001(b)
Line from Schedule A/B:	12		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	□ \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	- \$	
Line from Schedule A/B;			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		. \$		
Line from Schedule A/B:	р		☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		\$		
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		. \$	\$ \$ 100% of fair market value, up to	
Line from Schedule A/B:			any applicable statutory limit	
Brief description:		_ \$	_ 🗆 \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		. \$	_ 🗓 \$	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:			_	
Line from Schedule A/B:			☐ 100% of fair market value, up to any applicable statutory limit	
Brief description:		_ \$		
Line from Schedule A/B:	; <u></u>		☐ 100% of fair market value, up to any applicable statutory limit	
			The second secon	

Attachment Debtor: Jason D. Smith Case No:

Attachment 1

Checking Account with TCF

Attachment 2

PERSONAL HOUSEHOLD GOODS FOR A FAMILY OF 2 (INCLUDES BUT NOT LIMITED TO FURNITURE, BEDS, ELECTRONICS, APPLIANCES)

Fill in this i	nformation to identif	y your case:			
Debtor 1	Jason D. Smith				
Debiol I	First Name	Middle Name	Last Name		
Debtor 2	Krista D. Smith				
(Spouse, if filing) First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the	Northern Distri	ct of Illinois		
Case number				l	Check if this is
(# KHOM)	,,				amended filing
					-
Official	Form 106D				
Sched	lule D: Cre	- editors Wh	o Have Cla	ims Secured by Property	12/1
				1 47 Late and the second to th	!
Be as comp	olete and accurate as	s possible. If two m	arried people are filing	together, both are equally responsible for supply , number the entries, and attach it to this form. On	ing correct
	nages, write your nar			, number the officeof and attach it to the form of	p 3. dily

1.	Do any creditors have claims secured by your property?
	No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
	Voc. Fill in all of the information below

for each claim. If more than one creditor h	nore than one secured claim, list the creditor separately has a particular claim, list the other creditors in Part 2. habetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecure portion If any
	Describe the property that secures the claim:	\$	<u>\$</u>	\$
Creditor's Name				
Number Street City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	1		÷
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)	-		
Date debt was incurred	Last 4 digits of account number			
	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name Number Street	As of the date you file, the claim is: Check all that apply. □ Contingent			
City State ZIP Code	Unliquidated Disputed			
Nho owes the debt? Check one.	Nature of lien, Check all that apply.			
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt	□ An agreement you made (such as mortgage or secured car loan) □ Statutory lien (such as tax lien, mechanic's lien) □ Judgment lien from a lawsuit □ Other (including a right to offset)			

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Fill in this i	nformation to identify	your case:		
Debtor 1	Jason D. Smith	Middle Name	Last Name	
Debtor 2 (Spouse, if filing		Middle Name	Last Name	
United States	Bankruptcy Court for the:	Northern Distric	ct of Illinois	
Case number (If known)				

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Par	1: List All of Your PRIORITY Unsecured	d Claims			
1. E	Do any creditors have priority unsecured claims No. Go to Part 2. Yes. its all of your priority unsecured claims. If a credit claim listed, identify what type of claim it is. If a	against you? litor has more than one priority unsecured claim, list the claim has both priority and nonpriority amounts, list tha aims in alphabetical order according to the creditor's nareart 1. If more than one creditor holds a particular claim,	ne If you have	more than twe	priority
2.1	Amanda Smith Priority Creditor's Name	Last 4 digits of account number	\$ 0.00	\$0.00	\$ 0.00
	720 Cornwall Circle	When was the debt incurred?			
	Number Street Sugar Grove IL 60554 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Yes	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify			
2.2	ILLINOIS DEPARTMENT OF REVENUE	Last 4 digits of account number	\$ 474.55	\$ Unknown	\$ <u>0.00</u>
and the second s	Priority Creditor's Name P.O. BOX 64338 Number Street	When was the debt incurred? As of the date you file, the claim is: Check all that apply	<i>.</i>		
	CHICAGO IL See City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	 ☐ Confingent ☐ Unliquidated ☐ Disputed Type of PRIORITY unsecured claim: ☐ Domestic support obligations ☑ Taxes and certain other debts you owe the government ☐ Claims for death or personal injury while you were intoxicated ☐ Other. Specify 		of the second se	e programa de la composição de la compos

Entered 01/13/17 22:23:26 Desc Main Case 17-01123 Doc 1 Filed 01/13/17 Page 23 of 60 Document Case number (if known)_ Jason D. Smith Debtor 1 Your PRIORITY Unsecured Claims —Continuation Page Part 1: After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. Nonpriority Priority Total claim amount amount \$ Unknown \$ 0.00 2.3 s Unknown INTERNAL REVENUE SERVICE Last 4 digits of account number _ Priority Creditor's Name When was the debt incurred? P.O. BOX 7346 As of the date you file, the claim is: Check all that apply. Contingent See PHILADELPHIA PA Unliquidated Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ■ No Yes 2.4 Last 4 digits of account number ____ ___ Priority Creditor's Name When was the debt incurred? Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State □ Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only □ Domestic support obligations Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only At least one of the debtors and another Claims for death or personal injury while you were intoxicated Check if this claim is for a community debt Other, Specify Is the claim subject to offset? ☐ No Yes 2.5 Last 4 digits of account number ___ ___ Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated ZIP Code State Disputed Who incurred the debt? Check one. Type of PRIORITY unsecured claim: Debtor 1 only Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Claims for death or personal injury while you were

intoxicated

Other, Specify

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AFINITORY Nonpriority Creditor's Name P.O. BOX 3097 Number Street BLOOMINGTON IL 61702 City State ZiP Code Contingent Unitquidated Disputed Disput	
3. Do any creditors have nonpriority unsecured claims against you? □ No. You have nothing to report in this part. Submit this form to the court with your other schedules. □ Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more fill out the Continuation Page of Part 2. 4.1	
Nonpriority Creditor's Name P.O. BOX 3097 Number Street BLOOMINGTON IL 61702 City State ZIP Code Contingent Unliquidated Disputed Debtor 1 only Debtor 1 and Debtor 2 only Student loans Debts to pension or profit-sharing plans, and of Debtor 1 sharing plans As of the date you file, the claim is: Check all to Contingent Unliquidated Disputed Disputed Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement that you did not report as priority claims Debts to pension or profit-sharing plans, and of Other. Specify Personal Loan Other. Specify Medical Services Other	a creditor has more than one is. Do not list claims already than four priority unsecured claims Total claim
Nonpriority Creditor's Name P.O. BOX 3097 Number Street BLOOMINGTON IL 61702 City State ZIP Code Contingent Unliquidated Disputed Debtor 1 only Debtor 1 and Debtor 2 only Student loans Debts to pension or profit-sharing plans, and of Debtor 1 sharing plans As of the date you file, the claim is: Check all to Contingent Unliquidated Disputed Disputed Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement that you did not report as priority claims Debts to pension or profit-sharing plans, and of Other. Specify Personal Loan Other. Specify Medical Services Other	
Number Street BLOOMINGTON IL 61702 City Slate ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Is the claim subject to offset? As of the date you file, the claim is: Check all to Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreeme that you did not report as priority claims Debts to pension or profit-sharing plans, and ot Other. Specify Personal Loan As of the date you file, the claim is: Check all to Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreeme that you did not report as priority claims Debts to pension or profit-sharing plans, and ot Other. Specify Personal Loan As of the date you file, the claim is: Check all to Contingent Unliquidated Disputed As of the date you file, the claim is: Check all to Contingent Unliquidated Debts to pension or profit-sharing plans, and ot Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Unliquidated Disputed Type of NONPRIORITY unsecured claim: Contingent Unliquidated Debts to pension or profit-sharing plans, and or Contingent Unliquidated Debts to pension or profit-sharing plans, and or Contingent Unliquidated Debts to pension or profit-sharing plans, and or Contingent Unliquidated Debts to pension or profit-sharing plans, and or Contingent Unliquidated Debts to pension or profit-sharing plans, and or Contingent Unliquidated Debts to pension or profit-sharing plans, and or Contingent Unliquidated Disputed	_
ANEST CONSULT OF MORRIS Nonpriority Creditor's Name See Attachment 3 Number Street PARK RIDGE IL 60068 City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Cbligations arising out of a separation agreem that you did not report as priority claims Debts to pension or profit-sharing plans, and of the claim subject to offset? No Other. Specify Medical Services	ent or divorce
ANEST CONSULT OF MORRIS Nonpriority Creditor's Name See Attachment 3 Number Street PARK RIDGE IL 60068 City State ZIP Code Contingent Unliquidated Unliquidated Unliquidated Unliquidated Disputed Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Obligations arising out of a separation agreem that you did not report as priority claims Debts to pension or profit-sharing plans, and of the claim subject to offset? No Other. Specify Medical Services	\$ 96.00
Yes	ent or divorce
4.3 ATT MIDWEST Nonpriority Creditor's Name Last 4 digits of account number When was the debt incurred?	<u>\$ 158.00</u>
C/O I C SYSTEMS INC. P.O. BOX 64378 Number Street	ment or divorce

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Debtor	1 Jason D. Smith First Name Middle Name Last Name	Case number (if known)	
Part	rust Name impart the Continue Continue to	on Page	
After	listing any entries on this page, number them beginning with 4.5	, followed by 4.6, and so forth.	Total claim
.4	CRED MGMT CNTL/JUST ENERGY	Last 4 digits of account number	\$ <u>478.00</u>
ī	Nonpriority Creditor's Name	When was the debt incurred?	
Ī	P.O. BOX 1654 Number Street	As of the date you file, the claim is: Check all that apply.	
i	GREEN BAY WI 54301 City State ZiP Code Who incurred the debt? Check one.	☐ Contingent ☐ Unliquidated ☐ Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset? ☑ No ☐ Yes	☑ Other. Specify UTILITY	
4.5	CREDITORS DISCOUNT AND AUDIT	Last 4 digits of account number	\$ 4,825.46
	Nonpriority Creditor's Name	When was the debt incurred?	
	C/O MICHAEL R. NAUGHTON 155 W. NORTH ST. Number Street	As of the date you file, the claim is: Check all that apply.	
	MANHATTAN IL 60442 City State ZIP Code	Contingent	
	,	☐ Unliquidated ☐ Disputed	
	Who incurred the debt? Check one. Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	□ Debtor 1 and Debtor 2 only□ At least one of the debtors and another	Obligations arising out of a separation agreement or divorce that	
- Common and Common an	☐ Check if this claim is for a community debt Is the claim subject to offset?	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical Services	
A CONTRACTOR OF THE CONTRACTOR	☑ No ☐ Yes		
4.6		Last 4 digits of account number	\$ 176.00
	DISH NETWORK Nonpriority Creditor's Name	When was the debt incurred?	
	C/O STELLAR RECOVERY 1327 HIGHWAY 2 WEST 100		
	Number Street KALISPELL MT 59901	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code	☐ Contingent☐ Unliquidated	
THE STATE OF THE S	Who incurred the debt? Check one.	☐ Disputed	
	Debtor 1 only	Type of NONPRIORITY unsecured claim:	
	Debtor 2 only Debtor 1 and Debtor 2 only	☐ Student loans	
*	At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
	Is the claim subject to offset?	☑ Other. Specify UTILITY	
A PARTICIPATION OF THE PARTICI	☑ No ☑ Yes		

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	Document	Page 26 of 60			
Debtor	1 Jason D. Smith First Name Middle Name Last Name	Case number (if known)	 _		
Part	First value	on Page			
After	listing any entries on this page, number them beginning with 4.	5, followed by 4.6, and so forth.	Total claim		
	FOOT AND ANKLE CENTERS	Last 4 digits of account number	\$ 132.00		
	Nonpriority Creditor's Name C/O CHOICE RECOVERY INC. P.O. BOX 20790	When was the debt incurred?			
	Number Street COLUMBUS OH 43220 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	And the state of t		
	Who incurred the debt? Check one.	☐ Disputed			
	 □ Debtor 1 only □ Debtor 2 only ☑ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt 	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	9		
	Is the claim subject to offset? No Yes	Other Specify Medical Services	e kinamas e vida manas e vida e vida e vida e		
4.8	TO THE PROPERTY OF THE PROPERT	Last 4 digits of account number	\$ <u>91.00</u>		
	FOX RIVER FOOT ANKLE CENTER Nonpriority Creditor's Name	When was the debt incurred?			
	C/O COLLECTION PROFESSIONALS INC. P.O. BOX 416	As of the date you file, the claim is: Check all that apply.			
No.	Number Street LASALLE IL 61301				
	City State ZIP Code	☐ Contingent ☐ Unliquidated			
	Who incurred the debt? Check one. Debtor 1 only	☐ Disputed			
	Debtor 2 only	Type of NONPRIORITY unsecured claim:			
	Debtor 1 and Debtor 2 only At least one of the debtors and another	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
THE PARTY OF THE P	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services			
Angele de La California	☑ No □ Yes				
4.9		Last 4 digits of account number	\$ <u>7,127.43</u>		
	LAW OFFICE OF GORDON R. HUGHES, JR.	<u>-</u>			
	Nonpriority Creditor's Name 1737 S. NAPERVILLE RD., SUITE 207	When was the debt incurred?			
AND WATER CONTRACTOR	Number Street	As of the date you file, the claim is: Check all that apply.			
A CONTRACTOR AND A CONT	City Stale ZIP Code	Contingent Unliquidated			
-	Who incurred the debt? Check one.	☐ Disputed			
	☐ Debtor 1 only ☐ Debtor 2 only	Type of NONPRIORITY unsecured claim:			
	□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 			
	☐ Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 			
	Is the claim subject to offset?	Other Specify See Attachment 4			

⊠ No ☐ Yes Case 17-01123 Doc 1 Filed 01/13/17 Entered 01/13/17 22:23:26 Desc Main Document Page 27 of 60

btor 1 Jason D. Smith	Case number (if known)	
First Name Middle Name Last Name		
art 2: Your NONPRIORITY Unsecured Claims —Co	ntinuation Page	
fter listing any entries on this page, number them beginnin	g with 4.5, followed by 4.6, and so forth.	Total claim
- ·		
O MODDIC HOSDITAL	Last 4 digits of account number	<u>\$122.00</u>
MORRIS HOSPITAL Nonpriority Creditor's Name	When was the debt incurred?	
C/O MIRAMED REVENUE GROUP 991 OAK CREE	K DR.	
Number Street	As of the date you file, the claim is: Check all that apply.	
LOMBARD IL 60/148 City State ZIP Code	Contingent	
Who incurred the debt? Check one.	☐ Unliquidated ☐ Disputed	
Who incurred the debt? Check one. Debtor 1 only	·	
Debtor 1 only Debtor 2 only	Type of NONPRIORITY unsecured claim:	
□ Debtor 1 and Debtor 2 only	Student loans	
At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
☐ Check if this claim is for a community debt	Debts to pension or profit-sharing plans, and other similar debts	
Is the claim subject to offset?	Other, Specify Medical Services	
☑ No		
Yes		
		_{\$} 592.00
REZIN ORTHOPENDIC CENTERS S.C.	Last 4 digits of account number	\$ 282.00
Nonpriority Creditor's Name	When was the debt incurred?	
C/O MIDSTATE COLLECTION SOLUTIONS P.O. BC	OX 3292	
Number Street CHAMPAIGN IL 61826	As of the date you file, the claim is: Check all that apply.	
City Slate ZIP Code	☐ Contingent ☐ Uniquidated	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	·	
Debtor 2 only	Type of NONPRIORITY unsecured claim:	
☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐	Student loansObligations arising out of a separation agreement or divorce that	
	you did not report as priority claims	
☐ Check if this claim is for a community debt	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical Services	
Is the claim subject to offset?	Other, Specify Middle Control	
Ϫ No ဩ Yes		
TOO		\$ 6,000.0
.12	Last 4 digits of account number	ψ <u>υ,υυσ,υ</u>
SALLIE MAE Nonpriority Creditor's Name	When was the debt incurred?	
P.O. BOX 9500		
Number Street	As of the date you file, the claim is: Check all that apply.	
WILKES BARRE PA 18773 City State ZIP Code		
•	Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
☐ Debtor 1 only ☑ Debtor 2 only	Type of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only	☑ Student loans	
At least one of the debtors and another	 Obligations arising out of a separation agreement or divorce tha you did not report as priority claims 	τ
Check if this claim is for a community debt	 Debts to pension or profit-sharing plans, and other similar debts 	
Is the claim subject to offset?	Other. Specify	
☑ No		
□ v _{**}		

Last Name

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Debtor 1

Jason	D.	Smith
First Name		Middle Na

Afte	r listing any entries on this page, number them beginning v	vith 4.5, followed by 4.6, and so forth.	Total claim
.13	TCF BANK	Last 4 digits of account number	\$ <u>569.87</u>
	Nonpriority Creditor's Name 4101 W. 38TH ST.	When was the debt incurred?	
	Number Street SIOUX FALLS SD 57106 City State ZIP Code	As of the date you file, the claim is: Check all that apply. Contingent	
	Who incurred the debt? Check one. Debtor 1 only	☐ Unliquidated ☐ Disputed	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	
	☐ Check if this claim is for a community debt Is the claim subject to offset? ☑ No ☐ Yes	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify OVERDRAFT CHARGES	
.14	MEMORIAN-AND PROPERTY CONTROL OF A MAY A PROPERTY OF A MAY AND	Last 4 digits of account number	ung kanpangalah dan kanpangan pampangan pampan pampangan pampangan
	Nonpriority Creditor's Name	When was the debt incurred?	*
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated☐ Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	☐ At least one of the debtors and another☐ Check if this claim is for a community debt	 Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts 	
	ls the claim subject to offset? ☐ No ☐ Yes	Other. Specify	
.15	representation (Application) style is all the trade demonstrated and applications and a state of the trade and applications are applications and applications and applications are applications and applications and applications are applications are applications and applications are applications are applications and applications are applications are applications are applications and applications are applications and applications are applications are applications and applications are applications are applications and applications are applications and applications are applications and applications are applications a	Last 4 digits of account number	\$
	Nonpriority Creditor's Name	When was the debt incurred?	
	Number Street	As of the date you file, the claim is: Check all that apply.	
	City State ZIP Code Who incurred the debt? Check one.	☐ Contingent☐ Unliquidated☐ Disputed	
	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another Check if this claim is for a community debt	 ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	Is the claim subject to offset? No Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify	

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Debtor	1

Jason D. First Name	Smith Middle Name	Last Name		Case number (if known)
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ZISC GENOIS TO THE STATE OF THE	Part 3:	List Others to Be	Notified About	a Debt That	You Aiready	Liste
	Part 3:	List Others to Be	Notified About	a Debt That	You Already	List

IAVIENT SOLUTIONS INC.	ave more than one creditor for any of the debts that you have fire as you have the debts in Parts 1 or 2, do not fill out or submit this page. On which entry in Part 1 or Part 2 did you list the original creditor?
ame	Line 4.12 of (Check one): Part 1: Creditors with Priority Unsecured Claims
1100 USA PKWY umber Street	Part 2: Creditors with Nonpriority Unsecured Clair
daniber Gueck	
FISHERS, IN 46037	Last 4 digits of account number
ity State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
CCF BANK	estre-
2051 RIDGE RD.	Line 4.13 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
lumber Street	Claims
MINOOKA, IL 60447	Last 4 digits of account number
Sity State ZIP Code	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	_
O	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured
Number Street	Claims
710.0	Last 4 digits of account number
City State ZIP Cod	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	☐ Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Cod	Last 4 digits of account numbere
THE CONTRACTOR OF THE CONTRACT	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Cox	
	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claim
Number Street	Part 2: Creditors with Nonpriority Unsecured
	Claims
City State ZIP Co	Last 4 digits of account number de
recourse Local Science on which the control of the	On which entry in Part 1 or Part 2 did you list the original creditor?
Name	Line of (Check one): Part 1: Creditors with Priority Unsecured Claim
Number Street	☐ Part 2: Creditors with Nonpriority Unsecured

Document

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Debtor 1

Jason D. Smith
First Name Middle Na Middle Name

Last Name

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

			Total claim
Total claims	6a. Domestic support obligations	6a.	\$0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6b.	_{\$} 474.55
TRANSPORTER PROPERTY AND THE PROPERTY AN	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <u>0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$ <u>474.55</u>
			Total claim
Total claims	6f. Student loans	6f.	\$ <u>6,000.00</u>
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <u>0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <u>0.00</u>
	 Other. Add all other nonpriority unsecured claims. Write that amount here. 	6i.	+ _{\$} 14,566.76
	6j. Total. Add lines 6f through 6i.	6j.	\$20,566.76

Attachment
Debtor: Jason D. Smith Case No:

Attachment 1

60664-0338

Attachment 2

19101-7346

Attachment 3

C/O MEDICAL BUSINESS BUREAU 1460 RENAISSANCE DR. 400

Attachment 4

ATTORNEY'S FEES RELATED TO REPRESENTATION IN DISSOLUTION

			1-1-m4i6+							
Fill ir	n this in	formation to	aentity	your cas	se.					
Debto	or	Jason D. Sn First Name	nith	Middle	Name	Last Name		-		
Debto (Spou	or 2 se (f filing)	Krista D. S	mith	Middle	Name	Last Name				
			urt for the:	Northern	District of Illin	ois				
Case	number									Check if this is an
(if kno	own) 								:	amended filing
O.C.	الماد	1 <i>(</i>	ne.C							
		Form 10		£ -	ry Con	tracts :	and U	nexpired Lease	es	12/15
<u>20</u>	nea	uie G:	Exe	Guto	ry Con			. Al annually recognized	do for eunniving	correct
inform	nation.	If more space	ce is need	ded, copy	If two marrie y the addition se number (if	ıaı page, mı it i	out, numbe	er, both are equally responsiter the entries, and attach it to	this page. On the	e top of any
(Y Na	Chook this he	v and file	this form	or unexpired with the cour	t with vour othe	r schedules	You have nothing else to repo	rt on this form.	4/R)
						4 Ala		ed on Schedule A/B: Property (or lease. Then state what each the instruction booklet for more	h contract or lea	se is for (for
•	exampl	e, rent, vehic	person e cle lease,	cell pho	one). See the i	nstructions for t	this form in	the instruction booklet for more	examples of exec	cutory contracts and
	•	ed leases.	*** 1.		the cont	ract or lease		State what the contract of	or lease is for	
}	Person	or company	with Wh	om you i	nave the cont	ract or reaso				
2.1										
	Name									
	Number	Street								
	City	OHRHOOO SAATSCANOO LINGS AND SAATS	NE CONTRACTOR CONTRACTOR	State	ZIP Code	ON YOUR ARMENIAN WAS EVERY STREET FROM STREET A	para taraca ta ana ana ana ana ana ana ana ana ana		Select Community of the Community Co	
2.2										
	Name									
	Number	Street								
acommente.	City	ENTRE CONTRACTOR CONTR	THE CONTRACT OF THE PARTY OF TH	State	ZIP Code				ANGEL TO THE STATE OF THE STATE	
2.3										
	Name									
	Numbe	r Street								
	City		The state of the s	State	ZIP Code	×			CONTROL OF THE CONTRO	
2.4										
	Name									
A) Application of the state of	Numbe	F Street								
	City		hate and a	State	ZIP Code	economic de la constitución de l			CARLON CONTRACTOR OF THE CARLON CONTRACTOR OF	
2.5	Name									
S. Constitution of the second	Name									
THE CONTRACT OF THE CONTRACT O	Numbe	er Street								
-	City			State	ZIP Code	. — —				

Fill in this	nformation to identify	your case:					
Debtor 1	Jason D. Smith	Middle Name	Last Name				
Debtor 2	Krista D. Smith						
(Spouse, if filing		Middle Name	Last Name				
United States Bankruptcy Court for the: Northern District of Illinois							
Case numbe	r						

☐ Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

_	o you have any codebtors? (If you are filing a joint case, o	o not list either spouse as a codebtor.)	
-	□ No		
	X Yes		v states and territories include
2. V	Nithin the last 8 years, have you lived in a community pr Arizona, California, Idaho, Louisiana, Nevada, New Mexico,	openty state or territory? (Community property Puerto Rico, Texas, Washington, and Wiscons	in.)
	No. Go to line 3.		
Ĺ	Yes. Did your spouse, former spouse, or legal equivalen	live with you at the time?	
	□ No	5 Fill !- 4b	oursent address of that norsen
	Yes. In which community state or territory did you live	? Fill in the name and	current address of that person.
	Name of your spouse, former spouse, or legal equivalent		
	Number Street		
	City State	ZIP Code	
ą l	n Column 1, list all of your codebtors. Do not include yo	ır spouse as a codebtor if your spouse is fil	ing with you. List the person
•	shown in line 2 again as a codebtor only if that person is	a guarantor or cosigner. Make sure you ha	ve listed the creditor on
		orm 106E/F), or Schedule G (Official Form 1	06G). Use Schedule D,
	Schedule D (Official Form 106D), Schedule E/F (Official Schedule E/F, or Schedule G to fill out Column 2.	orm 106E/F), or Schedule G (Official Form 1	06G). Use Schedule D,
		orm 106E/F), or Schedule G (Official Form of	06G). Use Schedule D, ne creditor to whom you owe the debt
	Schedule E/F, or Schedule G to fill out Column 2.	Form 106E/F), or Schedule G (Official Form 1 Column 2: Ti	06G). Use Schedule D,
	Schedule E/F, or Schedule G to fill out Column 2.	Form 106E/F), or Schedule G (Official Form ^o Column 2: Ti Check all sc	ne creditor to whom you owe the debt
	Schedule E/F, or Schedule G to fill out Column 2.	Column 2: Ti Check all so	ne creditor to whom you owe the debt
	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor	Column 2: Ti Check all so	ne creditor to whom you owe the debt hedules that apply:
	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street	Column 2: Ti Check all so	ne creditor to whom you owe the debt hedules that apply: le D, line
3.1	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street	Column 2: Ti Check all so	ne creditor to whom you owe the debt hedules that apply: le D, line le E/F, line
3.1	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State	Column 2: TI Check all so Schedu Schedu ZIP Code Schedu	ne creditor to whom you owe the debt hedules that apply: le D, line le E/F, line le G, line
3.1	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street	Column 2: Ti Check all so Schedu ZIP Code Schedu Schedu Schedu	ne creditor to whom you owe the debt hedules that apply: le D, line le E/F, line le D, line
3.1	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State	Column 2: Ti Check all so Schedu ZIP Code Schedu Schedu Schedu	ne creditor to whom you owe the debt hedules that apply: le D, line le E/F, line le G, line
3.1	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State	Column 2: Ti Check all so Schedu ZIP Code Schedu Schedu Schedu	ne creditor to whom you owe the debt hedules that apply: le D, line le E/F, line le D, line
3.1	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street Name Number Street	Column 2: Ti Check all so Schedu Schedu ZIP Code ZIP Code ZIP Code	ne creditor to whom you owe the debt hedules that apply: le D, line le E/F, line le G, line le E/F, line le D, line
3.1	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street Name Number Street	Column 2: TI Check all so Check all so Schedu Schedu ZIP Code ZIP Code ZIP Code Schedu Schedu Schedu Schedu	ne creditor to whom you owe the debt hedules that apply: le D, line le G, line le D, line le D, line le E/F, line le E/F, line
3.1	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State Number Street City State	Column 2: Ti Check all so Check all so Check all so Schedu Schedu ZIP Code ZIP Code ZIP Code Schedu Schedu Schedu Schedu Schedu	ne creditor to whom you owe the debt hedules that apply: le D, line le E/F, line le D, line le D, line le E/F, line le E/F, line le E/F, line
	Schedule E/F, or Schedule G to fill out Column 2. Column 1: Your codebtor Name Number Street City State Number Street City State	Column 2: Ti Check all so Check all so Check all so Schedu Schedu ZIP Code ZIP Code ZIP Code Schedu Schedu Schedu Schedu Schedu	ne creditor to whom you owe the debt hedules that apply: le D, line le G, line le D, line le D, line le E/F, line le E/F, line

Il in this information to identify	your case:				
ebtor 1 Jason D. Smith	Middle Name	Last Name			
ebtor 2 Krista D. Smith	and a second				
ouse, if filing) First Name	Made Mila	Last Name			
ited States Bankruptcy Court for the:	Northern District of Illinois				
se number				Check if this	
known)				An amen	nded filing Iment showing post-petition
				chapter	13 income as of the following date:
ficial Form 106l				MM / DD	
chedule I: You	Incomo				12/15
as complete and accurate as possible plying correct information. If you are separated and your sponarate sheet to this form. On the part 1: Describe Employ	ou are married and not fill use is not filing with you, c e top of any additional pag	ng juniciy, and your	nation	ahout vour snous	2), both are equally responsible for i, include information about your spoudle. If more space is needed, attach a own). Answer every question.
Fill in your employment information.		Debtor 1	***************************************		Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status		d		☐ Employed ☐ Not employed
Include part-time, seasonal, or self-employed work.	Occupation	MAINTENANCE	YARD	MANAGER	
Occupation may Include studer or homemaker, if it applies.	nt ·				
	Employer's name	UTILITY CONCE	ETE		
	Employer's address	2495 BUNGALO Number Street	WRD.		Number Street
		MORRIS, IL 604	50 State	ZIP Code	City State ZIP Code
	How long employed th	•			
	now long employed th	IU I EARS			
Part 2: Give Details Abo	out Monthly Income				=
		rm If you have noth	na to re	eport for any line, w	rite \$0 in the space. Include your non-filir
engues unless you are senara	ted.				
If you or your non-filing spouse below. If you need more space	e have more than one emplo e, attach a separate sheet to	yer, combine the info this form.	rmatio	n tor all employers t	or mat person on the mics
pelow. If you need more space	s, attack a coparate effect to			For Debtor 1	For Debtor 2 or non-filing spouse
List monthly gross wages, deductions). If not paid month	salary, and commissions (hly, calculate what the mont	before all payroll by wage would be.	2.	\$ 8,140.56	\$
3. Estimate and list monthly o	vertime pay.		3.	+\$_0.00	+ \$
4. Calculate gross income. Ac	Id line 2 + line 3.		4.	\$ 8,140.56	\$ <u>0.00</u>

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Case number (if known)_

Debtor 1

Jason D. Smith

First Name Middle Name Last Name							
		For Debtor 1		For Debtor 2 or non-filing spouse	misson		
Copy line 4 here	4.	\$ <u>8,140.56</u>		\$ <u>0.00</u>	_		
5. List all payroll deductions:							
5a. Tax, Medicare, and Social Security deductions	5a.	s 1,950.95		¢			
5b. Mandatory contributions for retirement plans	5a. 5b.	\$ 0.00	-	\$ \$			
5c. Voluntary contributions for retirement plans	5c.	\$ 0.00	_	\$			
5d. Required repayments of retirement fund loans	5d.	\$ 0.00	_	\$			
5e. Insurance	5e.	\$ 0.00	-	\$			
5f. Domestic support obligations	5f.	\$ 866.67	_	\$			
5g. Union dues	5g.	\$ 273.00	_	\$			
5h. Other deductions. Specify:	5h.	+ \$ 0.00		+ \$			
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$ 3,090.62	-	\$ 0.00	<u>-</u>		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 5,049.94	_	<u>\$ 0.00</u>	_		
8. List all other income regularly received:							
8a. Net income from rental property and from operating a business, profession, or farm							
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$ 0.00	-	\$ 0.00	_		
8b. Interest and dividends	8b.	\$ 0.00		\$ 0.00			
8c. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt	·	-		_		
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ <u>0.00</u>	-	\$ 0.00	_		
8d. Unemployment compensation	8d.	\$ <u>0.00</u>	_	\$ 0.00			
8e. Social Security	8e.	\$_0.00		\$ <u>0.00</u>	_		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistan that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	ce 8f.	\$	-	\$			
				- 0.00			
8g. Pension or retirement income	8g.	\$ 0.00	-	\$ 0.00	-		
8h. Other monthly income. Specify:	8h.	+\$	<u>.</u> .	+\$			
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$ <u>0.00</u>		\$_0.00			
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$ <u>5,049.94</u>	+	\$ <u>0.00</u>	_]=	\$ 5,049.94	
11. State all other regular contributions to the expenses that you list in <i>Sched</i>	lule J	•					
Include contributions from an unmarried partner, members of your household, y friends or relatives.	our d	ependents, your ro	omm	nates, and other			
Do not include any amounts already included in lines 2-10 or amounts that are	not av	allable to pay expe	enses			. 0.05	
Specify:					11. +	\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. \$5,049.94							
						Combined monthly income	
13. Do you expect an increase or decrease within the year after you file this f	orm?						
☐ Yes. Explain:					_		

Fill in this information to identify yo	ur case:			
Debtor 1 Jason D. Smith	Middle Name Last Name	— Check if this is	s:	
First Name Debtor 2 Krista D. Smith	(mode from	An amende		
(Spouse, if filing) First Name	Middle Name Last Name	☐ A supplem	ent showing post-pe	etition chapter 13
United States Bankruptcy Court for the: N	ornern district of limitors		as of the following d	iale.
Case number (If known)		MM / DD / Y	YYYY	
Official Form 106J				
Schedule J: You				12/15
Be as complete and accurate as posinformation. If more space is needed (if known). Answer every question.	sible. If two married people are filing I, attach another sheet to this form.	g together, both are equally resp On the top of any additional pag	onsible for supplyin es, write your name	g correct and case number
Part 1: Describe Your House	sehold			
1. Is this a joint case?				
☐ No. Go to line 2. ☑ Yes. Does Debtor 2 live in a s	eparate household?			
X No				
☐ Yes. Debtor 2 must file	e Official Forms 106J-2, Expenses for	Separate Household of Debtor 2.		
2. Do you have dependents?	☐ No	Dependent's relationship to	Dependent's	Does dependent live with you?
Do not list Debtor 1 and Debtor 2.	Yes, Fill out this information for each dependent		age	☐ No
Do not state the dependents'		Granddaughter	4	⊠ Yes
Hamos.				☐ No ☐ Yes
				□ No
				☐ Yes
:				□ No
				Yes
				☐ No ☐ Yes
	and the state of t	- the terror - the		. — 100
 Do your expenses include expenses of people other than yourself and your dependents? 	☑ No ☐ Yes			NAIS-
	ing Monthly Expenses			
	- hank-untou filing date unless you	are using this form as a suppler	nent in a Chapter 13	case to report
expenses as of a date after the ba applicable date.	nkruptcy is filed. If this is a supplen	nental Schedule J, check the box	k at the top of the for	m and fill in the
Include expenses paid for with no	n-cash government assistance if yo	u know the value of	Your exp	enses
such assistance and have include	ed it on <i>Schedule I: Your Income</i> (Of	ficial Form B 1061.)	***************************************	THE STANDARD AND THE STANDARD AND A
 The rental or home ownership any rent for the ground or lot. 	expenses for your residence. Includ	e first mortgage payments and	4. \$ <u>1,200.00</u>	
If not included in line 4:			4a. \$ 0.00	
4a. Real estate taxes			- 0.00	
4b. Property, homeowner's, or			± 400.00	
4c. Home maintenance, repair				
4d. Homeowner's association	or condominium dues		4d. \$ <u>0.00</u>	

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Debtor 1

Jason D.	Smith		
itest Mana	Middle Marse	Last Mama	

Case number (if known)____

÷			Your expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	\$ 0.00
6.	Utilities: 6a. Electricity, heat, natural gas	6a.	s 450.00
:	6a. Electricity, heat, natural gas6b. Water, sewer, garbage collection	6b.	\$ 100.00
i	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$ 0.00
	6d. Other. Specify: See Attachment 1	6d,	\$ 295.00
7	Food and housekeeping supplies	7.	\$ 450.00
7.			\$ 0.00
8.	Childcare and children's education costs	8. 9.	\$ 100.00
9.	Clothing, laundry, and dry cleaning Personal care products and services	9. 10.	\$ 100.00
10.	Medical and dental expenses	11,	\$ 300.00
11.	·	11.	Ψ
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$ 200.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$_100.00
14.	Charitable contributions and religious donations	14.	\$ 0.00
∶15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a.	\$_0.00
	15b. Health insurance	15b.	\$ <u>0.00</u>
:	15c. Vehicle insurance	15c.	\$ 100.00
:	15d. Other insurance. Specify:	15d.	\$ 0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$_0.00
17.	Installment or lease payments:		
	17a. Car payments for Vehicle 1	17a.	\$_0.00
	17b. Car payments for Vehicle 2	17b.	\$_0.00
:	17c. Other. Specify:	17c.	\$
	17d. Other. Specify:	17d.	\$
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$ <u>0.00</u>
19.	Other payments you make to support others who do not live with you.		
:	Specify:	19.	\$ <u>0.00</u>
20,	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.	
1	20a. Mortgages on other property	20a.	\$ 0.00
1	20b. Real estate taxes	20b.	\$ <u>0.00</u>
:	20c. Property, homeowner's, or renter's insurance	20c.	\$ 0.00
,	20d. Maintenance, repair, and upkeep expenses	20d.	\$ 0.00
	20e. Homeowner's association or condominium dues	20e.	\$ 0.00

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Deb	tor 1	Jason D. Smith	die Name	Last Name			Case number (if known)	<u> </u>	
21.	Othe	r. Specify:						21.	+\$ 0.00
22.	22a. 22b.	ulate your monthly Add lines 4 through Copy line 22 (monti Add line 22a and 22	21. Ily expense	s for Debtor 2), if a		Form 106J-2		22.	\$ 3,495.00 \$ \$ 3,495.00
23.	Calcu	late your monthly	net income	ı <u>.</u>					
	23a.	Copy line 12 (your	combined n	nonthly income) fro	m Schedule I.			23a.	<u>\$ 5,049.94</u>
	23b.	Copy your monthly	expenses f	rom line 22 above.				23b.	- \$ 3,495.00
	23c.	Subtract your mont The result is your <i>n</i>		-	ly income.		:	23c.	\$ <u>1,554.94</u>
24.	For ex	ou expect an increa	ect to finish	paying for your car	loan within the	year or do you e	xpect your		
:	mortg	age payment to inci	ease or de	crease because of	a modification to	the terms of you	ur mortgage?		
	□ No □ Ye	***************************************				dhad amban hiin, dha yee ke jan nijima mina dhaddhaan		en ann an Aire	

Attachment Debtor: Jason D. Smith Case No:

Attachment 1

Description: CELL PHONES

Amount: \$165.00

Description: CABLE AND INTERNET

Amount: \$130.00

	Jason	D.	Smith
Debtor 1	First Name	Middle Name	Last Name
	Krista	D.	Smith
Debtor 2 (Spouse, if filia		Middle Name	Last Name
		or the: Northern Distric	t of Illinois

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B)	\$ 0.00
1a. Copy line 55, Total real estate, from Schedule A/B	
1b. Copy line 62, Total personal property, from Schedule A/B	\$ 8,343.00
1c. Copy line 63, Total of all property on Schedule A/B	\$ <u>8,343.00</u>
art 2: Summarize Your Liabilities	
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$ <u>0.00</u>
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ <u>474.55</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	
Your total liabilities	\$ <u>21,041.31</u>
Part 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$ <u>5,049.94</u>
5. Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22, Column A, of Schedule J	0.405.00

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		1	D	S	mith	Case nu	mber (if known)	<u> </u>
Deb	otor 1	Jason First Name	Middle Name	Last Name				
						_		
Pa	art 4	Answer The	se Questions i	for Administra	tive and Statis	stical Records		
				thentors 7 11 O	. 132			
6.	Are	you filing for ban	kruptcy under G	inapters 7, 11, 0	10:	. 1	to the court with your other.	schedules.
		No. You have noth	ing to report on th	nis part of the forn	n. Check this box	and submit this form t	to the court with your other	0011011111
	X,	Yes						Name of the second seco
er kontiliki		and the second s	have?	794120000700000000000000000000000000000000		S. 7. Condemna (4.)		
7.	Wha	at kind of debt do	you naver			indi	ividual primarily for a nersol	nal.
	X	Your debts are p	rimarily consum	er debts. Consur	ner debts are thos ill out lines 8-10 fo	or statistical purposes.	ividual primarily for a persol . 28 U.S.C. § 159.	
		family, or nouseno	ola parpose. Tro	,0.0. 3 10 1(0) 1	t Albina to	roport on this part of t	the form. Check this box an	d submit
		Your debts are n this form to the co	ot primarily cons	sumer debts. Yo r schedules.	u nave noming to	report of alla part of	the form. Check this box an	
		this form to the co	CHE WILL YOUR OUT	, concation		and the second s		
y****CC29C2	NEW WOODS				s: Copy your total	current monthly incom	ne from Official	0.440.50
8	. Fro	om the Statement m 122A-1 Line 11	of Your Current : OR, Form 122B	Line 11; OR, For	m 122C-1 Line 14	ł.		\$ 8,140.56
	1 01	11.12211 2.112	,					
			markill - michael markillani michael - a	000 1 Mar 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
1		py the following s	snecial categorie	es of claims from	n Part 4, line 6 of	Schedule E/F:		
	, G O	py the following (Spooter annual					
							Total claim	

	F	rom Part 4 on Sc	chedule E/F, cop	y the following:				
	9a	ı. Domestic suppor	t obligations (Cor	y line 6a.)			\$ <u>0.00</u>	
					1 (O-autino 6	% \		
	9b	o. Taxes and certai	in other debts you	owe the governr	nent. (Copy inle o	io. _j	_{\$.} 474.55	
		c. Claims for death	or normanal injun	v while you were i	intoxicated. (Copy	/ line 6c.)	\$ 0.00	
	90	claims for death	or personal injury	y Willio you live t	, ,,		\$0.00	•
	Δ.	d. Student loans. (Conviline 6f)				. c 000 00	
-							\$6,000.00	
-	. 9	e. Obligations arisi	ng out of a separ	ation agreement	or divorce that you	u did not report as	\$ 0.00	_
-		priority claims. (Copy line 6g.)					
-	a	f. Debts to pensio	n or profit-sharing	g plans, and other	similar debts. (C	opy line 6h.)	+ \$0.00	
acceptance.	J		•			Ĭ		
	o	g. Total. Add lines	s 9a through 9f.				<u>\$ 6,474.55</u>	
	٥	g. 10 min / 10 min / 10 min	Ŭ					
- 1								

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Fill in this information to identify yo	our case:	
Debtor 1 Jason D. Smith First Name	Middle Name	Last Name
Debtor 2 Krista D. Smith (Spouse, if filing) First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Northern	District Of Illinois
Case number (If known)		

☐ Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is NC	OT an attorney to help you fill out bankruptcy forms?
☑ No	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
Yes. Name of person	Signature (Official Form 119).
Under penalty of perjury, I declare that I have rethat they are true and correct. ** ** ** ** ** ** ** ** **	ead the summary and schedules filed with this declaration and s/Krista D. Smith Signature of Debtor Date 01/11/2017 MM / DD / YYYY

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Fill in this ir	nformation to identify	your case:	
Debtor 1	Jason	D	Smith
ຄອນໂດເເ	First Name	Middle Name	t.ast Name
Debtor 2	Krista	D	Smith
(Spouse, if filing		Middle Name	Last Name
United States	Bankruptcy Court for the:	Northern District of Illinois	\$
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1:	Give Details About Your Marital Statu	ıs and Where Yo	u Lived Before	
1. What	is your current marital status?			
	larried ot married			
2. Durin	g the last 3 years, have you lived anywhere o	ther than where yo	u live now?	
⊠ N □ Y	lo 'es. List all of the places you lived in the last 3 ye	ears. Do not include	where you live now.	
	Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
			☐ Same as Debtor 1	☐ Same as Debtor 1
	Number Street	From To	Number Street	From
	City State ZIP Code		City State ZIP Code	ogy man sy garage (stylen man stylen and stylen man sy and stylen man and stylen man and stylen man and stylen
			Same as Debtor 1	Same as Debtor 1
	Number Street	From	Number Street	From To
Annual continuent control of the Annual Cont	City State ZIP Code	-	City State ZIP Code	
and ⊠ I	territories include Arizona, California, Idano, Loi	Jislana, Nevaua, Ne	valent in a community property state or territory? (w Mexico, Puerto Rico, Texas, Washington, and Wisc rm 106H).	Community property states onsin.)

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Debtor 1	Jason D. Smith		Case nur	mber (if known)	
	First Name Middle Name Last Na	nme			
Part 2	Explain the Sources of Your Inco	ome			
	you have any income from employment		ness during this year	or the two previous calend	lar years?
Filli	n the total amount of income you received ou are filing a joint case and you have incor	from all jobs and all busin	esses, including part-lift	ie activities.	
ir yo		no that you room to togoth.	· ,		
	Yes. Fill in the details.				
		Debtor 1		Debtor 2	
	,	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	☐ Wages, commissions, bonuses, tips☐ Operating a business	\$ <u>0.00</u>	☐ Wages, commissions, bonuses, tips ☐ Operating a business	\$
	Mandaman at Tomography and annual or 100 habitaness of approximation of approximation of a second se	Wages, commissions,		☐ Wages, commissions,	The second secon
	For last calendar year: (January 1 to December 31, 2015 YYYY YYYY	bonuses, tips Operating a business	\$ <u>132,966.63</u>	bonuses, tips Operating a business	\$
	For the calendar year before that:	☐ Wages, commissions, bonuses, tips	4 (2004)	Wages, commissions, bonuses, tips	•
	(January 1 to December 31, 2014 YYYY	Operating a business	\$ 0.00	Operating a business	\$
Lis	nnings. If you are filing a joint case and you teach source and the gross income from e				
ш	Yes. Fill in the details.	Debtor 1		Debtor 2	
		Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)
	From January 1 of current year until		\$		- \$
	the date you filed for bankruptcy:		\$ \$		- \$ - \$
	and the state of t	and the state of t	\$		\$
	For last calendar year: (January 1 to December 31,)		\$\$	1979 year - 1970 y	- \$
	For the calendar year before that:		\$		\$
	(January 1 to December 31,		\$		_ \$
	1111		\$		\$

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otor 1		D. Smith	ast Name		Case nu	mber (if known)	
	First Nam	e Middle Name L	ast Hante				
10	مسا	ertain Payments You !	Made Before	You Filed fo	or Bankruptcy		
art 3:	List	ertam Paymento Tous					
		ar Blando de hé	n neimarily con	eumer dehts	?		
. Are eif	ither Deb	tor 1's or Debtor 2's debt	s primarily con	طماد حدددد	ta Consumer dehts are	defined in 11 U.S.C. § 101((8) as
☐ No	41marre	rad bu an individual nrimatil	v for a dersonal	, taililly, or no	dacitota parpoos.	defined in 11 U.S.C. § 101(•
	Durin	g the 90 days before you file	ed for bankrupto	cy, did you pay	y any creditor a total of t	10,420 St 1110.0V	
		o. Go to line 7.					
		es. List below each creditor total amount you paid th child support and alimon gect to adjustment on 4/01/	iat creditor. Do i ov. Also, do not	not include pa include pavm	ents to an attorney for the	nis bankruptcy case.	
						•	
⊠ Y	'es. Debt	or 1 or Debtor 2 or both h	ave primarily c	onsumer dek	ots.	\$600 or more?	
	Durir	ng the 90 days before you fil	ed for bankrupt	cy, aid you pa	y any decide a total of	φουο οιοι ο .	
		lo. Go to line 7.					
		es. List below each creditor	r to whom you p	aid a total of	\$600 or more and the to	tal amount you paid that	
					ort obligations, such as y for this bankruptcy ca		
		annony. 7 800, do not si					Was this payment for
			promised to the held of	Dates of payment	Total amount paid	Amount you still owe	was the payment form
					\$	\$	☐ Mortgage
		Creditor's Name			Ψ	•	☐ Car
							☐ Credit card
		Number Street		_			Loan repayment
							Loan topaymon
							•
							Suppliers or vendors
		City State	ZIP Code				Suppliers or vendors
		City State	ZIP Code		gaggana da da gagana a sa	\$\frac{1}{2}\sqrt{1}\s	☐ Suppliers or vendors ☐ Other
			ZIP Code		\$	\$	☐ Suppliers or vendors ☐ Other
		City State Creditor's Name	ZIP Code		\$	\$	☐ Suppliers or vendors ☐ Other ☐ Mortgage ☐ Car
			ZIP Code		\$	\$	Suppliers or vendors Other Mortgage Car Credit card
		Creditor's Name	ZIP Code		\$	\$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment
		Creditor's Name	ZIP Code		\$	\$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor
		Creditor's Name	ZIP Code		\$	\$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor
		Creditor's Name Number Street			\$	\$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor
		Creditor's Name Number Street			\$	\$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor
		Creditor's Name Number Street			salahan, yan arabah kecama sana sana sana sana sana sana sana s	\$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other
		Creditor's Name Number Street City State			salahan, yan arabah kecama sana sana sana sana sana sana sana s	\$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other
		Creditor's Name Number Street City State			salahan, yan arabah kecama sana sana sana sana sana sana sana s	\$ ANALYSIS 10. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other
		Creditor's Name Number Street City State Creditor's Name			salahan, yan arabah kecama sana sana sana sana sana sana sana s	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card Loan repayment
		Creditor's Name Number Street City State Creditor's Name			salahan, yan arabah kecama sana sana sana sana sana sana sana s	\$	Suppliers or vendors Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card

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Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; Corporations of which you are an enforce, director, person in control, or owner of 20% or more of this rivoting securities; and any managing agent, including one for a business you operate as a sole proprietor. If U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No	Jason D. Smith		C	lase number (#known)_	
Payment Paid owe	First Name Middle Name L	ast Name			
Yes. List all payments to an insider. Dates of payment Total amount paid Amount you still own	<i>sider</i> s include your relatives; any general orporations of which you are an officer, di gent, including one for a business you op	partners; relatives of any g	owner of 20% or m	ore of their voting s	ecurities; and any managing
Yes. List all payments to an insider. Dates of payment Dates of	l No				
Insider's Name Number Street City State ZIP Code S \$					Reason for this payment
City State ZIP Code S Insider's Name Number Street City State ZIP Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of payment paid Amount you still now holded creditor's name S Dates of payment paid New Include creditor's name			\$.	
City State ZIP Code S	Insider's Name		Ψ	7	
City State ZIP Code S					
Sale	Number Street				
Sale					***************************************
Sale	Oles-	ZID Code			
Insider's Name Number Street City State ZIP Code Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. ☑ No ☐ Yes. List all payments that benefited an insider. Dates of Total amount Amount you still Reason for this payment paid owe Include creditor's name \$	City State	ZIP Gode			Add V
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still reason for this payment include creditor's name S S S S S S S S S S S S S S S S S S			\$	\$	THE CONTRACTOR OF THE CONTRACT
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still Reason for this payment paid owe Include creditor's name \$\$\	Insider's Name				
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still owe Include creditor's name \$\begin{array}{c} \text{ No} \\ \text{ payment} \\	Number Street				
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still owe Include creditor's name \$\begin{array}{c} \text{ No} \\ \text{ Payment} \\					
Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments that benefited an insider. Dates of Total amount Amount you still owe Include creditor's name \$\begin{array}{c} \text{ No} \\ \text{ payment} \\	_				
an insider? Include payments on debts guaranteed or cosigned by an insider. ☑ No ☐ Yes. List all payments that benefited an insider. Dates of payment paid Amount you still Reason for this payment owe Include creditor's name \$\$	City State	ZIP Code			
	an insider? include payments on debts guaranteed o	r cosigned by an insider. an insider. Dates of	Total amount	Amount you stil	l Reason for this payment
			\$	\$	
Insider's Name	Insider's Name		, ¥ <u> </u>	1,	
			<u></u>		
Number Street	Number Street				
			-		
City State ZIP Code	State	7IP Code			
City State ZIP Code	THE STATE OF THE S	A commence of a specific to the second straining of distances on the second second second states of the second sec	processors and the second seco		100 100 100 100 100 100 100 100 100 100
\$\$			\$	\$	
Insider's Name	Insider's Name		_		
			_		
Number Street	Number Street				
			_		**************************************
City State ZIP Code		TUD Code			

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45 Identify Legal Actions, Reposse	essions, and Foreclosures	tuinistrativo proceed	na?
Vithin 1 year before you filed for bankruptc	y, were you a party in any laws	suit, court action, or administrative proceeding or ces, collection suits, paternity actions, support	t or custody modifications,
ist all such matters, including personal injury	cases, small claims actions, divo	7,000, 00,000	
nd contract disputes.			
No Silver and the state of the			
Yes. Fill in the details.	Nature of the case	Court or agency	Status of the case
	MEDICAL COLLECTIONS	GRUNDY COUNTY CIRCUIT COURT	П.,
Case title CREDITORS DISCOUNT &		Court Name	Pending
		111 E. WASHINGTON ST.	On appeal
See Attachment 1		Number Street	Concluded
10.00.404		MORRIS IL 60450	
Case number 16 SC 491		City State ZIP Code	and the second section of the second
* after a registration of this and a first of months in a constraint of an overlaid months and a first of months of the constraint of the	POST DISSOLUTION		
AND	ATTORNEY'S FEES	KANE COUNTY CIRCUIT COURT	Pending
Case title KRISTA HOFFMAN V. MARK	COLLECTIONS		On appeal
HOFFMAN	Company of the same of the sam	100 S. 3RD ST. Number Street	Concluded
		GENEVA IL 60134	
Case number 05 D 881	-	City State ZIP Code	
Check all that apply and fill in the details being No. Go to line 11.	tcy, was any of your property r	repossessed, foreclosed, garnished, attache	ed, seized, or levied?
Check all that apply and fill in the details bein	ow.	Data	ed, seized, or levied? Value of the property
Check all that apply and fill in the details being No. Go to line 11.	tcy, was any of your property row. Describe the proper	Data	
Check all that apply and fill in the details being No. Go to line 11.	ow.	Data	
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below.	ow.	Data	Value of the property
Check all that apply and fill in the details being No. Go to line 11.	Describe the proper	nty Date	Value of the property
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below.	ow.	nty Date	Value of the property
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Describe the proper Explain what happe	ened s repossessed.	Value of the property
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Describe the proper	ened s repossessed. s foreclosed.	Value of the property
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name	Explain what happe Property was Property was	ened s repossessed. s foreclosed. s garnished.	Value of the property
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happe Property was Property was	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied.	Value of the property \$
Check all that apply and fill in the details being the last serious per la last seri	Explain what happe Property was Property was	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied.	Value of the property \$
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happe Property was Property was Property was	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied.	Value of the property \$
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street	Explain what happe Property was Property was Property was	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied.	Value of the property \$
Check all that apply and fill in the details being the last serious per la last seri	Explain what happe Property was Property was Property was	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied.	Value of the property \$
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State Zil	Explain what happe Property was Property was Property was	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied.	Value of the property \$
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State Zil	Explain what happe Property was Property was Property was	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. erty Date	Value of the property \$
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name Number Street City State Zill Creditor's Name	Explain what happe Property was Property was Property was Property was Describe the property	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. erty Date	Value of the property \$
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name City State Zill Creditor's Name	Explain what happe Property was Property was Property was Property was Explain what happe	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. erty Date pened as repossessed.	Value of the property \$
Check all that apply and fill in the details being No. Go to line 11. Yes. Fill in the information below. Creditor's Name City State ZI	Explain what happe Property was	ened s repossessed. s foreclosed. s garnished. s attached, seized, or levied. erty Date	Value of the property

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Jason D. Smith	Case nun	mber (if known)
First Name Middle Name Last Name	me	
u	cy, did any creditor, including a bank or financi	ial institution, set off any amounts from your
thin 90 days before you filed for banking to counts or refuse to make a payment becar	use you owed a debt?	
No		
Yes, Fill in the details.		
	Describe the action the creditor took	Date action Amount
_		was taken
Creditor's Name		
		<u> </u>
Number Street	4 - CO	
	The state of the s	
City State ZIP Code	Last 4 digits of account number: XXXX	
		to a serious a few the honofit of
ithin 1 year before you filed for bankruptc	y, was any of your property in the possession	of an assignee for the benefit of
reditors, a court-appointed receiver, a cus	todian, or another official r	
No .		
l Yes		
5: List Certain Gifts and Contribut	tions	
ithin 2 years before you filed for bankrupt	cy, did you give any gifts with a total value of r	more than \$600 per person?
3 No		
Yes. Fill in the details for each gift.		
_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Dates you gave Value
Gifts with a total value of more than \$600	Describe the gifts	Dates you gave Value
ner nerson		the gifts
per person		
per hereon		
Person to Whom You Gave the Gift		
	-	the gifts \$
Person to Whom You Gave the Gift	-	the gifts \$
Person to Whom You Gave the Gift		the gifts \$
Person to Whom You Gave the Gift Number Street		the gifts \$
Person to Whom You Gave the Gift		the gifts \$
Person to Whom You Gave the Gift Number Street		the gifts \$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you		the gifts \$\$\$ Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code		the gifts \$\$
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		the gifts \$\$\$ Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Glifts with a total value of more than \$600 per person		the gifts \$\$\$ Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600		the gifts S S Dates you gave the gifts S S S S S S S S S S S S S S S S S S
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		the gifts S Dates you gave the gifts S S S S S S S S S S S S S
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Glifts with a total value of more than \$600 per person		the gifts S Dates you gave the gifts S S S S S S S S S S S S S
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Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift Number Street		the gifts \$\$\$ Dates you gave Value
Person to Whom You Gave the Gift Number Street City State ZIP Code Person's relationship to you Gifts with a total value of more than \$600 per person Person to Whom You Gave the Gift		the gifts S Dates you gave the gifts S S S S S S S S S S S S S

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Describe the property you lost and how the loss occurred Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone your behalf about seeking bankruptcy or preparing a bankruptcy petition? Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. \$	First Name Middle Name Last N	Case number (# known)		
No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that folial more than \$400 Charity's Name Charity's Name Call State 200 Code				
No Yes. Fill in the details for each gift or contribution. Gifts or contribution to chardles that total more than \$900 Charify's Hame Charify's Hame Thanber Steek City Slate 2P Code City Slate 2P Code	n 2 years hefore you filed for bankrupt	cy, did you give any gifts or contributions with a total value	of more than \$600 to	o any charity?
Yes. Fill in the details for each gift or contributions to charitize that rotal more than \$600 Date you contributed Charify's Name Number Sirest City State 2011 Code State Cortain Losses Rithin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything bocause of theft, fire, other disarrangments of the property you lost and how besorbe the property you lost and how besorbe the property you lost and how be include the amount that insurance has paid. Lick pending insurance claims on line 33 of Schoolde Aff. Property. List Cortain Paymonts or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? nocuside any attorneys, bankruptcy or preparing a bankruptcy petition? Normal Pays State 219 Code Number Street ON 1 DESTORCC, INC. Describbin and value of any property transferred Date payment or transfer was made 12/19/16 \$ 15.00 \$				
City Suin ZIP Code City S		ibution.		
Clay State 20° Code Clay Clay Clay Clay Clay Clay Clay Clay			Date jun	Value
Number Street Oby Siato 72P Code Siato 72P C	that total more than \$600		contributed	
Namber Street City State ZIP Code State Certain Losses City State ZIP Code City State ZIP Code City State ZIP Code City State ZIP Code State ZIP Code State Certain Losses City State ZIP Code City State ZIP Code State Certain Losses City State ZIP Code State Certain Payments or Transfers City State ZIP Code MWM/DEBTORCC_CRG Environ website address State Code any thing for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disarrance anything because of theft, fire, other disarrance coverage for the lose Describe the property you lost and how the lose any insurance coverage for the lose plant late panding insurance coverage for the lose c			data respective	
Namber Street City State ZIP Code State Cortain Losses List Cortain Losses thin 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disargambling? No Yos. Fill in the details. Describe the property you lost and how the loss occurred include the amount that insurance bas palet, List pending insurance claims on line 33 of Schedule ARIS Property. To List Certain Payments or Transfers Tithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone yoursulted about seoking bankruptcy or preparing a bankruptcy petition? cluded any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes, Fill in the details. Ont DEBTORCC, INC. Painted Who Wes Paid Number Steet Description and value of any property transferred Date payment or transfer was made 12/19/16 \$ 15.00 **MWW.DEBTORCC.ORG** Email or websits address				\$
City State ZIP Code State Perfore you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disar gambling? No Yos. Fill in the details. Describe the property you lost and how the lose occurred lost include the amount that insurance has paid. List pending insurance claims on line 30 of Schedule AR: Property. List Certain Payments or Transfers Fithin 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you onsulted about seeking bankruptcy or preparing a bankruptcy petition? Insulted about seeking bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Oot DEBTORCC, INC. Description and value of any property transferred Date payment or transfer was made 12/19/16 \$ 15.00 MWW.DEBTORCC.ORG Enail or website address	Charity's Name			\$
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or hol	ld in trust for someone.			
	es. Fill in the details.			
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	Last Name		
ave you notified any governmental u	nit of any release of hazardous ma	terial?	
No No			
Yes. Fill in the details.	فأهدر لمقصد	Environmental law, if you know it	Date of notice
	Governmental unit		
Name of site	Governmental unit		
Number Street	Number Street		
	City State ZIP Co	de	
City State ZIP C	ode	Appendix App	anguarage and a superior and a super
	intrative proceeding unde	er any environmental law? Include settleme	nts and orders.
	or administrative processing and		
No No			m
Yes. Fill in the details.	Court or agency	Nature of the case	Status of the case
Case title	Court Name		Pending
	Codit Italiio		On appeal
	Number Street		Conclude
			H secondary and the secondary
Case number	City State	ZIP Code	
	ur Business or Connections to	Any Rusiness	
		s or have any of the following connections	to any business?
T. Within 4 years before you filed for b A sole proprietor or self-emp A member of a limited liabilit A partner in a partnership An officer, director, or mana An owner of at least 5% of the	nankruptcy, did you own a business ployed in a trade, profession, or oth ty company (LLC) or limited liability aging executive of a corporation the voting or equity securities of a c	s or have any of the following connections her activity, either full-time or part-time y partnership (LLP)	to any business?
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Jason D. Sr First Name	Middle Name Last N	Name	
		Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
Business Name			EIN:
Number Street		Name of accountant or bookkeeper	Dates business existed
			From To
City	State ZIP Code		
nin 2 years befo	re you filed for bankrup	tcy, did you give a financial statement to	anyone about your business? Include all financial
litutions, credito	ers, or other parties.		
No Yes. Fill in the d	letails below.		
		Date issued	
Name		MM / DD / YYYY	
Number Street			
-			
City	State ZIP Code		
2: Sign Beld	ow		
now road the an	newore on this Statemen	nt of Financial Affairs and any attachmen	nts, and I declare under penalty of perjury that the
nswers are true connection wit	and correct. I understar h a bankruptcy case ca	nd that making a false statement, concea n result in fines up to \$250,000, or impris	aling property, or optaining money or property by nauc
8 U.S.C. §§ 152,	1341, 1519, and 3571.		// // C1
⋭ s/Jason D. Sn	nith	s/Krista D. Smith	41.4
	btof	Signature of Debtoy 2	
Signature of Del			
Date 11 Janua		Date 11 January 2017	
Date 11 Janua			luals Filing for Bankruptcy (Official Form 107)?
Date 11 Janua			
Date 11 Janua id you attach ad No Yes	Iditional pages to <i>Your</i>		uals Filing for Bankruptcy (Official Form 107)?
Date 11 Janua id you attach ad No Yes	Iditional pages to <i>Your</i> and the state of t	Statement of Financial Affairs for Individ	uals Filing for Bankruptcy (Official Form 107)?

Attachment
Debtor: Jason D. Smith Case No:

Attachment 1
AUDIT V. JASON AND KRISTA SMITH

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court NORTHERN DISTRICT OF ILLINOIS

In	re	Jason D. Smith a	nd Krista D. Smith
			Case No.
Del	otor		Chapter 13
		DISCLO	SURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	nam ban	ned debtor(s) and the kruptcy, or agreed t	329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above compensation paid to me within one year before the filing of the petition in be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in connection with the bankruptcy case is as follows:
	For	legal services, I ha	e agreed to accept
	Pric	or to the filing of thi	statement I have received
	Bal	ance Due	\$ 4,000.00
2.	The	e source of the comp	ensation paid to me was:
		X Debtor	Other (specify)
3.	The	e source of compens	tion to be paid to me is:
		X Debtor	Other (specify)
4.			ed to share the above-disclosed compensation with any other person unless they are lates of my law firm.
		members or assoc	o share the above-disclosed compensation with a other person or persons who are not tes of my law firm. A copy of the agreement, together with a list of the names of the e compensation, is attached.
5.		return for the above e, including:	lisclosed fee, I have agreed to render legal service for all aspects of the bankruptcy
	a.	Analysis of the de file a petition in b	tor's financial situation, and rendering advice to the debtor in determining whether to akruptcy;
	b.	Preparation and fi	ng of any petition, schedules, statements of affairs and plan which may be required;
	c.	Representation of hearings thereof;	he debtor at the meeting of creditors and confirmation hearing, and any adjourned

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d.	Representation of the debter in adversa	y proceedings and othe	r-contested-banksuptcy-matters;-
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e. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 11, 2017

s/James M. Durkee

Date

Signature of Attorney

Malmquist and Geiger, LLC

Name of law firm

AFNI P.O. BOX 3097 BLOOMINGTON, IL 61702

Amanda Smith
720 Cornwall Circle
Sugar Grove, IL 60554

ANEST CONSULT OF MORRIS C/O MEDICAL BUSINESS BUREAU 1460 RENAISSANCE DR. 400 PARK RIDGE, IL 60068

ATT MIDWEST C/O I C SYSTEMS INC. P.O. BOX 64378 SAINT PAUL, MN 55164

CRED MGMT CNTL/JUST ENERGY P.O. BOX 1654 GREEN BAY, WI 54301

CREDITORS DISCOUNT AND AUDIT C/O MICHAEL R. NAUGHTON 155 W. NORTH ST. MANHATTAN, IL 60442

DISH NETWORK C/O STELLAR RECOVERY 1327 HIGHWAY 2 WEST 100 KALISPELL, MT 59901

FOOT AND ANKLE CENTERS C/O CHOICE RECOVERY INC. P.O. BOX 20790 COLUMBUS, OH 43220

FOX RIVER FOOT ANKLE CENTER C/O COLLECTION PROFESSIONALS INC. P.O. BOX 416 LASALLE, IL 61301 ILLINOIS DEPARTMENT OF REVENUE P.O. BOX 64338 CHICAGO, IL 60664-0338

INTERNAL REVENUE SERVICE P.O. BOX 7346 PHILADELPHIA, PA 19101-7346

LAW OFFICE OF GORDON R. HUGHES, JR. 1737 S. NAPERVILLE RD., SUITE 207 WHEATON, IL 60189

MORRIS HOSPITAL C/O MIRAMED REVENUE GROUP 991 OAK CREEK DR. LOMBARD, IL 60148

NAVIENT SOLUTIONS INC. 11100 USA PKWY FISHERS, IN 46037

REZIN ORTHOPENDIC CENTERS S.C. C/O MIDSTATE COLLECTION SOLUTIONS P.O. BOX 3292 CHAMPAIGN, IL 61826

SALLIE MAE P.O. BOX 9500 WILKES BARRE, PA 18773

TCF BANK 4101 W. 38TH ST. SIOUX FALLS, SD 57106

TCF BANK 2051 RIDGE RD. MINOOKA, IL 60447

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

In Re:		Bankruptcy Case Number:
•	Jason D. Smith and Krista D. Smit	h
	VERIFICA	ATION OF CREDITOR MATRIX
		Number of Creditors:
The abo knowled		list of creditors is true and correct to the best of my (our)
Dated:	January 11, 2017	s/Jason D. Smith S/Krista D. Smith Joint Debtor